

BEE/WASP ALLERGIES

Dear Parents/Guardian:

According to our records, your child is allergic to bee/wasp stings. Please complete this form and mail/return it to the school as soon as possible. If you have any questions, please feel free to call.

Sincerely,

School Nurse

1. Type of reaction (check all that have applied in the past):

Swelling at sting site _____ Hive/rash _____ Tired/weak _____

Difficulty breathing _____ Swelling in neck/choking _____ Loss of consciousness _____

Other (please explain) _____

2. Medical treatment your child has needed in the past:

Ice to sting area _____ Application of topical anesthetic _____ Oral Benadryl _____

911 called _____ Epinephrine Injection _____
Date Date Given

Other (please explain) _____

3. Other instructions for school personnel: _____

Student: _____ Date _____

Parent's/Guardian's Signature _____

Parent's/Guardian's Daytime Phone _____