

# History of Bee/Insect Sting Reaction

Auburn School District No. 408

Student's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Based on information you provided, our records indicate your child has a history of a reaction to bee (and/or insect) stings. As a basis for evaluating and administering proper first aid at school, we need to determine the extent of known reaction. Please complete the following information and return it to the school nurse as soon as possible.

Please CHECK the symptom(s) which apply to your child.

- Swelling around the site of the bee/insect sting
- Extensive swelling on limb or area involved
- Hives or rash on other parts of the body
- Swelling in areas away from the site of the sting
- Difficulty breathing
- Loss of consciousness
- Other (please describe) \_\_\_\_\_

The school procedure for bee/insect stings is as follows:

- 1 Bring student to the office/health room
- 2 Remove stinger (if possible)
- 3 Apply ice
- 4 Apply baking soda or meat tenderizer
- 5 Observe for adverse reaction
- 6 Notify parent/guardian by phone
- 7 Call 9 1 1 if life is in danger

Please check appropriate response for your child:

- This procedure is adequate.
- Medication is needed. (Parent/guardian must provide medication in its original container and a form which gives permission for medication to be given as school. Form needs to be signed by physician and parent/guardian.)
- Additional instructions are as follows: \_\_\_\_\_

Thank you for your help. If you have health related questions, please do not hesitate to call the school nurse at 253-931-4990 or 253-931-4927.

\_\_\_\_\_  
*Signature of parent/legal guardian*

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED name of parent/legal guardian