

United School District
_____ School Year
Bee Sting Authorization & Treatment Procedure

Dear Parent/Guardian,
Please complete and return this form immediately if your child has a sensitivity or allergy to bee stings.

Listed below is the standard procedure for treatment of anyone stung by a bee:

1. Remove stinger if visible
2. Apply sting kill
3. Apply ice pack
4. Observe student for 10-15 minutes in the health room.

Student's name _____

Grade _____ Homeroom Teacher _____

Please check the status of your child's reaction to bee stings:

- _____ Local reaction (redness or swelling at the site)
- _____ Severe reaction (difficulty breathing, generalized swelling, redness, numbness, hives or itching)

If your child is stung with a bee in school, please check the procedures to follow:

- _____ Routine school procedure for bee stings (noted above)
- _____ Notify parent (phone number _____)
- _____ Administer oral medication _____
(parent must provide medication and physician order)
- _____ Administer epi-pan or anaphylactic kit (provided by parent) and call 911 to transport to nearest medical center
- _____ Call 911 and transport my child to the nearest medical facility.

If prescription medication is required (oral or epi-pan,) please have your physician complete the information below:

Student Name _____

Type of Reaction _____

Medication _____ Dosage _____

Indications _____

Parent Signature _____ Date _____

*Physician Signature _____ Date _____

*The physician may fax this form to United School District at 814-446-6615.