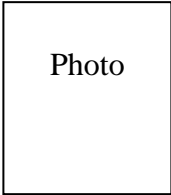




Bee Sting Allergy Individual Health Plan



Student Name _____ Date of Birth _____
ID# _____ Grade _____ School _____
Teacher _____

Asthmatic • No • Yes – **High Risk of severe reaction**

Typical symptoms of bee sting allergic reaction may include:

SYMPTOMS AND SIGNS OF AN ALLERGIC REACTION

SYSTEMS	SYMPTOM
Mental	States feels "scared," something bad is going to happen
Mouth	Itching and swelling of the lips, tongue, or mouth
Throat	Itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
Skin	Hives, itchy rash, and/or swelling about the face or extremities
Gut	Nausea, stomach cramps, vomiting, and/or diarrhea
Lung	Shortness of breath, repetitive coughing, and/or wheezing
Heart	Signs of shock, passing out

**Severity of symptoms can change quickly, and rapidly progress to a life-threatening situation!!!!
NEVER SEND SETUDENT WITH ANY ALLERGIC SYMPTOMS ANYWHERE ALONE!**

Student specific symptoms: _____

Treatment Plan

• Give medication as directed. Emergency medication is located: _____

Medication Name	Amount	When to Use

• Other _____

- Remain with student/observe for symptoms
- Contact parent/School Nurse
- Remove stinger
- Apply ice

Call 911 for help if:

- EpiPen is used
- Student develops any of the symptoms listed above
- Parent/student requests
- Health Care Provider orders

Signature of Parent/Guardian

Date

Health Care provide Signature (optional)

Date

Signature of School Nurse

Date