

**EMERGENCY PROCEDURE INFORMATION
STINGING INSECTS**

Name: _____ Date: _____

You have indicated on the Emergency Card that your child has an allergic reaction to stinging insects. In order for school personnel to respond to this quickly and effectively, additional information is necessary. The information will be shared with those individuals that have a need to know.

Is a sting/bite life threatening? Yes _____ No _____

Please circle the number(s) of only those symptoms, which you have observed when your child has been stung:

1. Swelling/itching, limited to the immediate area around the sting.
2. Swelling/itching of a large area; e.g., if the foot is stung, the area up to the knee is affected, or if the hand is stung, the area up to the elbow is affected.
3. Generalized swelling, itching, rash.
4. Coughing, difficulty breathing, hoarseness, wheezing.
5. Hives.
6. Heart palpitations.
7. Dizziness, fainting.
8. Child has never been stung but family history of allergic reactions. Family member: _____

9. Other: _____

Please circle the number(s) indicating how you would like school personnel to respond should the need arise.

1. Provide first aid and observe for any symptoms for at least 30 minutes.
2. Call parent/guardian.
3. Administer medication as prescribed. **Medication will be provided by the parent/guardian.**
4. Call 911.
5. Other (please specify): _____

If medication is necessary, a properly completed and signed Medication Consent Form must be returned. Prescription medicines require a physician's order.

Return to nurse as soon as possible.

This information will be shared with those with a need to know.

Sincerely,

PARENT/GUARDIAN SIGNATURE: _____ Date: _____