

PLYMOUTH COMMUNITY SCHOOL CORPORATION

BEE STING ALLERGY ALERT

To the parent of: _____

You have indicated that your child is allergic to BEE STINGS. For some children a bee sting can be a life-threatening emergency. In order to provide the best possible care for your child, we need to have the following information on file.

Type of Bee/Wasp causing reaction: _____

Type of reaction that occurs:

Has your child ever required a trip to the emergency room or the doctor's office as a result of the bee sting? _____

Does your child require the use of a Bee Sting Kit (ANAKIT, EPIPEN)? _____

If so, does your child administer the injection to himself/herself? _____

Briefly describe the action you wish taken if your child is stung while at school. (No medications are supplied by the school)

Parents signature: _____

Please complete this form and return it to school.

THANK YOU