

BEE STING ALLERGY ASSESSMENT

Date _____

According to your child's records, she/he has a bee sting allergy. Please provide us with more information by completing this form and returning it to the school office.

Child's Name: _____ Birth Date: _____
Last First Middle

CONTACT INFORMATION:

Name: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

MD/HEALTH CARE PROVIDER:

Allergist/Physician's Name: _____ Phone: _____

Address: _____

Bee stings allergies are no longer a problem for my child. Please sign below and return this form to the school office.

When did you first become aware that you child was allergic to bee stings? _____

Approximately what was the date of your child's last bee sting reaction? _____

Please describe the signs and symptoms of the reaction? _____

TREATMENT

If child is stung by a bee give checked medication/treatment:

Epinephrine Antihistamine Other

DOSAGE

Epinephrine: inject intramuscularly (circle one) -see reverse side for instructions.

EpiPen® EpiPen®Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: give _____
Medication/dose/route

Other: give _____
Medication/dose/route

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE THE CHILD TO A MEDICAL FACILITY!

Signature: _____ Date: _____
Parent/Guardian

TRAINED STAFF MEMBERS

1. _____
2. _____
3. _____

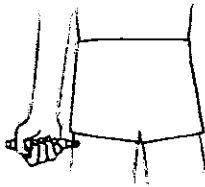
Room _____
Room _____
Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

