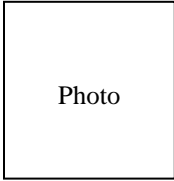


Hamilton School District
HEALTH CARE PLAN – BEE STING ALLERGY
 20__-20__ School Year



Student Name	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Allergy to:			
School	Grade		
Parents' Names			
Home Address			
Phone Numbers			
Home	Dad Work		
Mom Work	Dad Cell		
Mom Cell	Email		
Physician's Name:	Phone:	Fax:	
Emergency Contact (If parents can't be reached)	Relationship	Phone	

Asthma: Yes (Higher risk for a severe reaction) No

History of Anaphylaxis: Yes No

BEE STING FIRST AID

- If stinger is present, scrape it off with stiff paper or card. Do not squeeze to **remove**.
- Clean area with soap and water.
- Apply ice to the sting area.
- Observe student in office for at least 10 minutes for allergic reaction.
- If no reaction is present after observation time, student may return to class.
- Notify classroom teacher that student was stung as delayed reactions are possible

► SIGNS OF AN ALLERGIC REACTION ◀

Please indicate the symptoms that have been experienced during past allergic reactions

<u>Systems:</u>	<u>Symptoms:</u>
<input type="checkbox"/> Mouth	Itching and swelling of the lips, tongue or mouth
<input type="checkbox"/> Throat §	Tight, hoarse, trouble breathing / swallowing
<input type="checkbox"/> Skin	Hives, itchy rash and/or swelling about the face or extremities
<input type="checkbox"/> Gut	Nausea, abdominal cramps, vomiting and/or diarrhea
<input type="checkbox"/> Lung §	Short of breath, wheeze, repetitive cough
<input type="checkbox"/> Heart §	Pale, blue, faint, weak pulse, dizzy, confused

§ = **Potentially life-threatening**

The severity of symptoms can change quickly. It is important that treatment be given immediately.

▶ **ACTION FOR MINOR REACTION** ◀

1. If symptom(s) are: localized reaction at the site of the bee sting **OR** : Itchy mouth, itchy/runny nose, sneezing, A few hives around face/mouth, mild itch, or mild nausea/discomfort

- Give: (medication / dose/route)
- Stay with student, call parents and monitor for progression of symptoms.

2. Then call:

- Mother _____ Father _____
- If unable to reach parents, contact:
- Dr. _____ at _____

(If condition does not improve within 10 minutes, follow steps for Major Reaction below)

▶ **ACTION FOR MAJOR REACTION** ◀

1. If symptoms persist and/or progress to the following symptoms:

One or more of the following- Shortness of breath, wheeze, repetitive cough, pale, blue, faint or weak pulse, dizzy or confused, trouble breathing or swallowing, swelling of tongue and/or lips, many hives over body, repetitive vomiting or severe diarrhea

OR

Combination of symptoms from different body areas: Hives, itchy rashes, swelling (i.e eyes, lips), vomiting, diarrhea, crampy pain

Give: (medication / dose/route)

2. Then call:

- 911 – State that an allergic reaction has been treated and additional epinephrine may be needed. Stay with the student.
- Mother _____ • Father _____
- If unable to reach parents, contact:
- Dr. _____

****DO NOT HESITATE TO CALL 911****

Other Health Concerns:

-
-
-

I have read and approve of this Health Care Plan. Information on this plan will be shared with school staff who need to know of _____'s medical condition in order to assist in maintaining a safe school day/environment for _____.

Parent

Date

Physician

Date

