

**AUTHORIZATION FORM AND PROCEDURES FOR
TREATMENT OF BEE STINGS**

The following is standard school district procedure for anyone stung by a bee or insect:

1. Remove stinger, if possible;
2. Apply sting kill swab or Adolf's Meat Tenderizer
3. Apply ice pack
4. Observe the student closely for 15-20 minutes. Monitor 15-20 minutes in classroom.

PARENTS, Please make your child aware of his/her bee sting allergy and of the need to inform someone of having been stung by a bee or insect.

Please check the STATUS of your child's reaction to bee stings or insect bites and return this information to your child's school immediately:

My child has a localized reaction (swelling or redness at the site of the sting)

My child has a severe reaction (difficulty breathing, generalized swelling, redness, numbness, hives or itching) Describe your child's reaction: _____

If your child has a severe reaction has he/she:

- Begun desensitization treatment (allergy shots)
 Begun maintenance dose of desensitization treatment
 My child has not been desensitized.

If your child has a reaction to bee stings or insect bites, please check the procedures to follow:

- Follow routine school district policy for bee stings
 Notify parents/guardian at once.
 Give medication as prescribed by my child's physician (the parent must provide written orders from physician)
 Rush my child to the closest medical facility if necessary CALL 911
 Rush my child to the closest medical facility immediately CALL 911
 My child's physician has ordered an anaphylactic kit to be administered by the School Nurse, if she is available (Parent will provide necessary kit)

Name of Child _____
Signature of Parent/Guardian _____
Signature of Physician _____ Date _____