



G4: Bee or Insect Allergy Form

Student Name: _____

Date of Birth: _____

Parent/Guardian: _____ Phone: _____ Cell/work: _____

Health Care Provider (name) treating allergy: Phone: _____

Do you think your student's bee or insect allergy may be life-threatening? No Yes (If YES, please see the school nurse.)

Does your student's health care provider think the bee or insect allergy may be life-threatening? (If YES, please see the school nurse.)

HISTORY AND CURRENT STATUS:

What type of stinging bee or insect has your student reacted to? _____

How many times has your student had a reaction? Never Once More than once, please describe:

When was the last reaction? _____

Are the reactions: staying the same getting worse getting better

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?

No Yes, please describe: _____

Has your student ever received or used an EpiPen® or other injection as treatment?

No Yes, please describe: _____

TRIGGERS AND SYMPTOMS:

What are the signs and symptoms of your student's allergic reaction? (Be specific on things your child might say.)

How quickly do the signs and symptoms appear after the sting? ____ seconds ____ minutes ____ hours ____ days

TREATMENT:

Does your student understand how to avoid getting a bee sting or insect bite? No Yes

What do you do at home if there is a reaction to a bee sting or insect bite? _____

What treatment or medication has your health care provider recommended for an allergic reaction? _____

None

Have you used the treatment or medication? No Yes

Does your student know how to use the treatment or medication? No Yes

Please describe any side effects or problems your student had in using the suggested treatment or medication.

If medication is to be available at school, have you filled out a medication form for school? Yes

No, I need to get the form, have it completed by our health care provider, and return it to school.

If medication is needed at school, have you brought the medication or treatment supplies to school? Yes

No, I need to get the medication/treatment and bring it to school.

What do you want the school to do in case of a bee sting or insect bite? _____

Parent Guardian Signature: _____ Date: _____