

**ST. JANE FRANCES DE CHANTAL SCHOOL**  
**School Health Services**

**STUDENT HEALTH UPDATE – INSECT STING ALLERGY**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

Dear Parents/Guardians:

The following information is requested on students known to have an allergic reaction to **bee stings** or **insect stings** in order for school district personnel to provide your child with the necessary immediate care. Please obtain the advice of your physician, complete this form, and return it to the school nurse. Having a planned procedure of care for your child will save time in an emergency situation.

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

- ✓ Remove stinger
- ✓ Apply insect-sting kill swab and ice
- ✓ Observe

Please check the status of your child's problem. Check all that apply.

- My child has begun receiving allergy shots
- My child has a severe reaction: i.e. difficulty breathing, facial/lip swelling, hives, shock-like symptoms within moments of the sting.

Please check the appropriate procedure to follow. Check all that apply.

- Yes, follow the above routine school district policy for bee stings.
- Notify parent at once.
- Give medications as prescribed by my child's physician.
- My child has permission and is trained to self-administer the Epi-Pen if necessary.
- My child has an Epi-Pen and will need a trained adult to administer it in an emergency.
- My physician has ordered \_\_\_\_\_ to be administered by the school nurse.

Additional Information/Comments:

\_\_\_\_\_  
\_\_\_\_\_

If your child needs medication in school, a medication authorization form must be completed, signed and dated by the parent/guardian and physician.

If an Epi-Pen is administered, 911 will be called and the student will be transported to the hospital.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

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