

BEE AND/OR INSECT STING ALLERGY INTAKE FORM

District 206 Alexandria Public Schools

Student: _____ DOB: _____

Grade: _____ Teacher: _____

Parent/Guardian (**Mom**): _____

PHONE #1. _____ PHONE #2. _____

Parent/Guardian (**Dad**): _____

PHONE #1. _____ PHONE #2. _____

Health Care Provider treating the allergy: _____

PHONE: _____ FAX: _____

What **type** of **stinging insect** has your child reacted to? _____

When was the **first** and/or **last** reaction/s? _____

****List the signs & symptoms of the reaction? (Be specific; include things your child said or may say.)****

What treatment and/or medication did your child receive after the first reaction?

Has your child had to use an Epipen or been in the hospital within the last year due to allergy? no yes (explain)

How **quickly** do/did the signs & symptoms appear after the sting and/or insect bite?

seconds minutes hours days

If your child has had a prior reaction, are the reactions/symptoms: staying the same getting worse getting better

Has a physician diagnosed your child with asthma? (*Asthma may increase the severity of a reaction*) no yes

Does your child understand how to avoid getting a bee/insect sting? no yes

Does your child know how to use the medication? no yes

What bus number does your child ride? N/A _____

Length of time your child is on the bus to and from school: N/A _____

If medication is to be available at school, have you provided school health with a medication order written by your physician? yes no, I **still need** to have our health care provider write the order and return it to school health.

My child has a physician order for: Epi-Pen Benadryl Benadryl & Epi-Pen other

If medication is needed at school, have you provided school health with the necessary medication/s?
 yes no, I still need to bring the medication to the school health office.

Has your child, or will your child be allergy tested? no blood skin will be done in the future

Is there anything else you want us to know to take the best care we can of your child?

Will you allow school health staff to share this information with other school staff **only** on a “**need to know**” basis? (*All student health information is handled in a respectful & confidential manner*). yes no

****Please make sure that you connect with your teacher, any before or after school staff members, bus drivers, and any other staff that work with your child to inform them of their allergy.**

Parent/Guardian Signature: _____ Date: _____

Reviewed by: LSN: _____ Date: _____

Health Para: _____ Date: _____
