

School Individual Emergency Health Care Plan
SEVERE ALLERGY TO: BEE STINGS

Student Name: _____ Grade: _____

If you see this:	Do this:
<ul style="list-style-type: none"> Hives Itchy Skin Swelling at sting site Reported or suspected bee sting 	<ul style="list-style-type: none"> Stay with student Keep student quiet Page nurse and state student's name, state bee sting so nurse can bring medication
<ul style="list-style-type: none"> Hives spreading over body Wheezing, difficulty swallowing or breathing Swelling of face, ears, lips, or neck Tingling/swelling of tongue Vomiting Extreme paleness/gray color, clammy skin Loss of consciousness 	<ul style="list-style-type: none"> Administer Epi-Pen Call 911 immediately Call Parent Tell EMS that Epi-Pen was given
<p>Directions for use of Epi-Pen</p> <ul style="list-style-type: none"> Pull off gray cap Place black tip against outer thigh, halfway between knee and hip Press firmly until you hear a click Hold in place for 10 seconds, then remove Do not return Epi-Pen to holder after use, give to EMS personnel or discard in sharps container Remind parent/guardian to get replacement Epi-Pen to school as soon as possible 	
<p>Contact: 911</p> <p>School Nurse: _____ Principal: _____</p> <p>Parent/Guardian: _____ Phone: _____</p>	
<p>Trained/Reviewed use of Epi-Pen:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p>Student may carry Epi-Pen with them while at school or while at a school function after school hours.</p> <p>_____</p> <p>(Parent/Guardian Signature)</p> <p>_____</p> <p>(Principal Signature)</p> <p>_____</p> <p>(School Nurse/Aide Signature)</p>

 (Signature of Parent/Guardian)

 (Date)