



SCHOOL DISTRICT OF  
MENOMONEE FALLS

Pursuing Excellence  
One Student at a Time

# SCHOOL DISTRICT OF MENOMONEE FALLS WISCONSIN

DISTRICT ADMINISTRATION OFFICE  
W156N8480 PILGRIM RD  
MENOMONEE FALLS, WI 53051  
262.255.8440

## EMERGENCY PROCEDURE FOR BEE/WASPS STINGS

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Allergies to: \_\_\_\_\_

Which insect(s) is your child allergic too? \_\_\_\_\_

What symptoms does your child experience when stung? *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Tightness in throat      | <input type="checkbox"/> Swollen face, mouth, tongue |
| <input type="checkbox"/> Tightness in chest       | <input type="checkbox"/> Severe difficulty breathing |
| <input type="checkbox"/> Burning rash/hives       | <input type="checkbox"/> Flushing of skin            |
| <input type="checkbox"/> Severe itching           | <input type="checkbox"/> Dizziness                   |
| <input type="checkbox"/> Sweating                 | <input type="checkbox"/> Nausea/vomiting             |
| <input type="checkbox"/> Ashy, grayish skin color | <input type="checkbox"/> Loss of consciousness       |
| <input type="checkbox"/> Coughing                 | <input type="checkbox"/> Convulsions                 |

Other symptoms (list) \_\_\_\_\_

### Medications:

Epi-Pen Yes or No *(circle one)* Dose: \_\_\_\_\_ mg Subcutaneous  
Can your child administer own Epi-Pen? Yes or No *(circle one)*

Benadryl Yes or No *(circle one)* Dose: \_\_\_\_\_ mg By mouth

What measures are taken at home when your child is stung?

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

If a student has a known allergy and has an Epi-Pen available, inject immediately by following the instructions on the Epi-Pen. (Staff trained in the use of the Epi-Pen will administer.)

Call 911 with any of the above symptoms – DO NOT LEAVE CHILD ALONE.

Give Benadryl \_\_\_\_\_ mg as instructed in Care Plan and on the Request to Administer Medication form.

Contact parent/guardian and notify of sting and what has been done for child.

Remove any embedded stinger with a credit card or similar object. Wash area with soap and water. Apply cold/ice pack to area that was stung.

Keep student warm and avoid exertion.

Monitor student for any further signs of allergic reaction for at least twenty (20) minutes following a sting-this applies to any student, including those without a history of allergic reaction to bee stings.

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**This information may be shared with all appropriate staff**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

**CARE PLAN REVIEWED WITH SCHOOL PERSONNEL**

School Representative Signature(s)	Date