

Hadley Pre School



Bee Allergy Reminder

As the weather warms, our little bee friends or enemies will be making their way around the pool area. We would like to take this time to remind you to be sure that the School Office and Swim School is aware of any allergies that your child may have to bees.

If your child has never been stung before please read and fill out this form. **If your child is allergic to bee stings we have another form for your student.**

Routine Bee-Sting Procedure for ALL Students

1. Check Student Bee Allergy list to see if student is allergic to stings.
2. If stinger is present, scrape it off with stiff paper or card. **NEVER SQUEEZE TO REMOVE!**
3. Clean area with soap and water.
4. Apply ice to the sting area.
5. Observe student in school office for 5 – 10 minutes for possible allergic reaction while the office calls a parent/guardian to inform them about their student’s sting
6. If no reaction is present after observation time, student may return to class. Classroom teacher will be notified that student was stung as delayed reactions are possible

Thank you,
Hadley School

AUTHORIZATION TO PROVIDE EMERGENCY Treatment IN CASE OF A BEE STING

I hereby authorize and direct the personnel of Hadley School to administer (please circle one) Benadryl in liquid or tablet form

to my child, _____, in case of a bee sting.
(CHILD’S NAME)

- Use the above Routine Bee Sting Procedure **ONLY**
- Use the above Routine Bee Sting Procedure, but **ALSO** give Benadryl. The school keeps Benadryl chewable tablets (12.5mg each) on hand for emergency use only
Give _____ Benadryl tablet(s) immediately to my child if stung.
(The usual dose of Benadryl is 1 to 2 tablets for age 6 years though 12 years old and 2 to 4 tabs for age 12 years and older.)

Note: Parent will need to take child home if Benadryl is administered.

I have been informed by Hadley School and understand that medically licensed personnel are not present in the school at all times, and that it may be necessary for the above described treatment to be given by non-medical personnel.

Parent/Guardian Signature: _____ Date: _____