

**North Nodaway R-VI School
Sting Allergy Action Plan**

Student's Name: _____ **Grade:** _____
Date of Birth: _____ **Physician:** _____
Parent/ Guardian's Name: _____
Home: _____ **Cell:** _____ **Work:** _____

Symptoms of student's allergic response (Check all that apply):

- _____ Hives, itchy rash, swelling of face or extremities
- _____ Swelling at site (describe) _____
- _____ Severe pain at site of sting
- _____ Itching, tingling, or swelling of lips, tongue, or mouth
- _____ Red, itchy, watery eyes
- _____ Shortness of breath, repetitive coughing, wheezing
- _____ Other (describe) _____

Routine Sting Procedure

- Notify parent/guardian immediately.
- If stinger is present, scrape it off with index card. **Do not squeeze to remove.**
- Clean area with soap and water.
- Apply ice to the sting area.
- Observe for 10 minutes for signs of an allergic reaction.

Emergency Sting Procedure

Please check the appropriate treatment

- _____ Use the above Routine Sting Procedure ONLY.
- _____ Use the above Routine Sting Procedure AND give Benadryl.
- _____ Use the above Routine Sting Procedure AND use the Epi-Pen

If the child is to have an Epi-Pen injection, please send the Epi-Pen and the completed physician's order form.

911 will be called if Epi-Pen is given.

* The severity of symptoms can quickly change. All above symptoms can potentially progress to life- threatening situations!

Special Instructions:

I authorize the school personnel to follow Sting Allergy Action Plan. I will provide medications and doctor's orders as needed for this plan.

Parent/Guardian: _____ Date: _____

Physician Signature: _____ Date: _____