

# MARIAN HIGH SCHOOL

## Bee Sting Allergies & Allergic Reactions Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

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

\_\_\_\_\_ Student's reaction may be life threatening and requires immediate medical attention.  
(DO NOT WAIT FOR SYMPTOMS TO APPEAR)

### STEPS IF STUNG OR CONTACT WITH ALLERGEN:

1. Medication to be given \_\_\_\_\_  
Medication is kept \_\_\_\_\_
2. Call 911
3. Contact Parents or Emergency Contact
4. Other \_\_\_\_\_

\_\_\_\_\_ Student's reaction is NOT life threatening.

### STEPS IF STUNG OR CONTACT WITH ALLERGEN:

1. Medication to be given \_\_\_\_\_  
Medication is kept \_\_\_\_\_
2. Contact Parents or Emergency Contact
3. Other \_\_\_\_\_

### Students Reactions:

- \_\_\_\_\_ Swelling at the site.
- \_\_\_\_\_ Swelling spread beyond the area of the sting
- \_\_\_\_\_ Hives or itching sensation
- \_\_\_\_\_ Rash
- \_\_\_\_\_ Difficulty breathing, wheezing
- \_\_\_\_\_ Difficulty swallowing
- \_\_\_\_\_ Nausea
- \_\_\_\_\_ Other

Current Medications: \_\_\_\_\_

Other Health Problems: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other Contact: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Understand that the school may call 911 if any of the following signs or symptoms of a severe allergic reaction/anaphylactic shock should appear:

- \*Difficulty breathing, coughing, wheezing, sneezing
- \*Difficulty swallowing, choking sensation
- \*Feeling of panic
- \*Swelling of tongue or lips
- \*Hives or itching sensation

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_