

ABINGTON HEIGHTS SCHOOL DISTRICT

Bee Sting/Insect Allergy Information Sheet

Dear Parent:

Our records indicate that your child is allergic to bee or insect stings or bites. To update our files so that proper treatment is available for your child, please indicate below the procedure you would like to be followed, including medication, if any.

If Benadryl or other medication has been prescribed for your child's allergic reaction, please complete the attached medication forms. Benadryl is kept in stock in the school health room. If any other medication has been prescribed, please have medication delivered to the health room by a responsible adult.

If you have any concerns, please contact the school nurse.

Sincerely,

Health Services

Name of Student _____ Grade _____

Cause of allergic reaction: _____

Date of last reaction: ____/____/____

Please describe his/her latest reaction: _____

Please describe his/her most sever reaction: _____

Procedure to follow if reaction occurs: _____

Medication: _____

Directions for use: _____

Parent home phone: _____ Work Phone _____

Physician: _____ Phone: _____

Parent Signature _____ Date _____