

Birmingham Covington School

Adam Hartley, *Principal* • 248.203.4444 • Fax: 248.203.4433 • ah07bps@birmingham.k12.mi.us
1525 Covington Road, Bloomfield Hills, MI 48301

Dear Parent/Legal Guardian,

You have indicated that your child has a **severe allergy to insect stings** and requires immediate medication and first aid if stung.

In order for school personnel to safely care for your child in the event of an insect sting, the following is required:

- 1. Emergency Care Plan for Insect Sting.**
- 2. BPS Permission to Administer Medication form**
- 3. Parent Questionnaire Insect Sting Allergy**

Enclosed you will find the appropriate forms to complete and return to the school office.

It is the parent/legal guardian's responsibility to provide all prescribed medications to the school. Please be advised that you are responsible for annual updates and for changes as they occur throughout the year.

Your prompt return of your child's information will assist us in responding more readily to your child's needs. Please return the completed packet to the school on or by the first day of school.

For further information or concerns, please contact the Public Health Nurse at the Oakland County Health Division, 248-424-7180.

Sincerely,

Adam Hartley

Photo Provided
by Parent/
Legal Guardian

EMERGENCY CARE PLAN FOR INSECT STING
(Parent to Complete Stared Items)

*STUDENT'S NAME _____ *TEACHER _____
*ALLERGY _____
*ADDRESS _____ GRADE/ROOM _____
*PARENT/LEGAL GUARDIAN HOME PHONE # _____ WORK# _____
*ALTERNATE NAME & HOME # _____ ALT. WORK # _____
*PHYSICIAN _____ PHONE # _____

This student has demonstrated a potential for a severe allergic reaction to insect stings and requires emergency medication. This emergency plan is based on physician's recommendations.

DATE _____ STING OCCURRED AT _____ A.M./ _____ P.M.

*****STUDENT WITH ORAL MEDICATION ONLY*****

1. Keep student quiet as possible. Do not leave alone.
2. Give oral medication _____ Amount: _____
Time given: _____
Signature of Giver: _____
3. If stinger is left in skin, remove it by gently scraping with a fingernail or edge of plastic card. If unable to remove readily - leave it - DO NOT PUSH - PINCH - SQUEEZE.
4. Apply ice pack to area.
5. Notify parent/legal guardian/alternate.
6. Observe student until parent/legal guardian/alternate arrives.
7. Watch closely for - weakness, dizziness, nausea, vomiting, difficulty breathing or swallowing, abdominal cramps, swelling of throat, face and/or mouth, loss of consciousness. For These Symptoms CALL 911.

Give a copy of this form to parent/legal guardian/alternate or EMS.

-OVER-

DATE _____ STING OCCURRED AT _____ A.M./ _____ P.M.

STUDENT WITH ORAL AND INJECTABLE OR INJECTABLE ONLY

1. Keep student quiet as possible. Do not leave alone.

2. Give oral medication as prescribed

Amount: _____

Time given: _____

Signature of Giver: _____

*3. Give Epi-pen as prescribed

Site: _____

Time given: _____

Signature of Giver: _____

4. Call 911.

5. If stinger is left in skin, remove it by gently scraping with a fingernail or edge of plastic card. If unable to remove readily - leave it - DO NOT PUSH - PINCH - SQUEEZE.

6. Apply ice pack to area.

7. Notify parent/legal guardian/alternate.

8. Observe student until emergency help arrives.

9. Watch closely for - weakness, dizziness, nausea, vomiting, difficulty breathing or swallowing, abdominal cramps, swelling of throat, face and/or mouth, loss of consciousness.

10. Send a copy of this form and the used Epi-Pen with the student to the hospital.

*Severity of symptoms can change quickly, and potentially progress to a life-threatening situation.
If Epi-Pen given Call 911.

ADDITIONAL ORDERS/INFORMATION:

Signature of Parent/Legal Guardian

Signature of Principal

Date

Date Reviewed

PARENT QUESTIONNAIRE INSECT STING ALLERGY

Date: _____

Return by: _____

Student: _____

Grade: _____ Teacher: _____

1. Has your child ever had a severe reaction to an insect sting? Yes No

2. Date of most recent reaction: _____

3. What symptoms did your child experience? (Check all that apply)

AT SITE OF STING: Redness Itching Swelling and extend of: _____

GENERAL BODY REACTION: Itching over body Hives
 Flushing over body Difficulty breathing or swallowing
 Weakness/Dizziness Nausea/abdominal cramps

OTHER: _____

4. How soon after the sting did symptoms occur? _____

5. If there has been more than one (1) reaction, was the last reaction worse than the previous one?

Yes No Not Applicable

Does your child recognize the need to report for First Aid if stung? Yes No

6. Has the allergy been diagnosed by a doctor? Yes No

8. What treatment was recommended? (Check all that apply)

Basic First Aid - ice, rest, observation
 Oral Medication (Name) _____
 Autoinjector (EPI pen) _____

9. Who has been taught to give the medications listed? _____

10. Does the sting allergy limit the child's participation in any of the following school activities?

Recess Gym Outdoor sports
 Athletic Events Field Trips Other (specify)

Specific Limitations: _____

Parent Signature

Principal Signature

Date

Date Reviewed

Insect Sting

LOCAL REACTION

At Sting Site Only

- Redness
- Swelling
- Pain
- Itching

FIRST AID

1. Scrape off stinger
2. Apply cold pack
3. Notify parent/legal guardian
4. Observe 30 minutes for further symptoms
Parent/legal guardian encouraged to seek immediate medical care if swelling extends beyond sting site.
6. Observe until parent/legal guardian arrives

GENERAL BODY REACTION

Any Reaction in Parts of Body Other Than Sting Site

- Flushing
- Nausea/vomiting
- Swelling of throat, face mouth
- Hives
- Dizziness/weakness
- Loss of consciousness
- Difficulty breathing or swallowing
- Abdominal cramps

First Aid

1. Follow student emergency plan, if available
2. Call 911
3. Notify parent/legal guardian