

BEE/INSECT ALLERGY Emergency Action Plan

Student Name	School Year
Birth Date	Grade/Teacher
Parent/Guardian	Phone Number
Physician	Physician Phone Number

CAUTION - YELLOW ZONE!!



LOCAL REACTIONS TO BEE/INSECT BITE OR STING

A local reaction is defined as redness, swelling and itchiness at site of bite or sting

- Wash Area with soap and water
- GIVE ORAL ANTIHISTAMINE

MEDICATION NAME	DOSE	FREQUENCY	ROUTE

- Observe student for 15 minutes for a more severe reaction

DO NOT LEAVE STUDENT UNATTENDED!!!

The Severity of Symptoms can quickly change and progress to a Life threatening situation. If this happens follow guidelines below:

DANGER - RED ZONE!!!



SEVERE ALLERGIC REACTION—REQUIRES MEDICAL ATTENTION IMMEDIATELY

The symptoms may be any of the following:

- Itching and swelling of the lips, tongue or Mouth
- Itching and or a sense of tightness in the throat, hoarseness and hacking cough
- Hives, itchy rash, and/or swelling about face or extremities
- Nausea, abdominal cramps, vomiting, and/or diarrhea
- Shortness of breath, repetitive coughing and /or wheezing
- Thready pulse, passing out

Give injection of:

- Epi-pen Jr (0.15mg)
- Epi-pen (0.3mg)
- Twinject Jr (0.15mg)
- Twinject (0.3mg)

Call Parent/Guardian

**IF EPIPEN IS ADMINISTERED
CALL 911**

- I hereby give permission for MTSD trained staff to give the medication to my child according to the directions stated above and further authorize them to contact the child's physician with any concerns regarding medication administration.
- I agree to hold the Mequon-Thiensville School District, Its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school.
- I allow the named physician (office) to send by electronic transmission this form to the Mequon-Thiensville School District for the purpose of continuing health care at school.
- I give school staff, including the district designated health care professionals, permission to call me with any concern regarding medication administration.
- STUDENTS IN GRADES 6-12 MAY CARRY AND SELF ADMINISTER THEIR EPINEPHRINE AUTO INJECTOR WITH BOTH PHYSICIAN AND PARENT APPROVAL ON THIS FORM.

Parent Signature

Date

LICENSED MEDICAL PROVIDER USE ONLY

Please check the appropriate box and sign below:

This student possesses the knowledge and skills necessary to carry and self-administer their epinephrine auto injector during the school day and on school sponsored activities.

This student DOES NOT possess the knowledge and skills necessary to carry and self-administer their epinephrine auto injector during the school day or school sponsored activities.

Physician Signature

Date

District Nurse Signature

Date

District Nurse

Jess Jost

Phone: 262-238-5630

Email: jjost@mtsd.k12.wi.us

FAX NUMBERS

Wilson 262-238-4662

Oriole Lane 262-238-4250

Donges Bay 262-238-7970

Lake Shore 262-238-7650

Steffen 262-238-4740

Homestead 262-238-5633