



HEALTH SERVICES
EMERGENCY CARE PLAN
Bee Venom or Insect Bite Allergy

STUDENT NAME: _____ **DOB:** _____

GRADE: _____ **DATE:** _____

DIAGNOSIS: Bee Venom and Insect Bite Allergy, Potential for Anaphylaxis

STUDENT PROFILE: _____ (student's first name) exhibits a severe insect allergy as described above.

In the event of a sting / bite, my child's Epi-Pen should be administered immediately, and 911 called immediately thereafter, per doctor's order.

Observe _____ (student's first name) for the following symptoms:

- Difficulty breathing,
- Wheezing,
- Shortness of breath,
- Hives,
- Swelling of the face or lips, or
- An itchy throat, tongue, or roof of mouth.

INTERVENTIONS:

- Administer Epi-Pen immediately.
- Call 911 immediately after giving the Epi-Pen.
- Call the school nurse.
- Note the time Epi-Pen was administered
- Observe for breathing difficulties.
- Begin rescue breathing or CPR, as needed.

SIGNIFICANT INFORMATION:

- Other medical diagnoses:
- Other allergies:
- Medications:

PARENT SIGNATURE: _____

DATE:

UPDATED: