WARRIOR RUN SCHOOL DISTRICT

4800 Susquehanna Trail, Turbotville, PA 17772 · 570-649-5138 · Website: www.wrsd.org

Dear Parent (s) / Guardian (s):

Enclosed is a School Bee Sting Allergy Management Plan. Please take a few minutes to complete this important form. This plan is to ensure your child receives the best care possible while he/she is in school.

In the event that a parent would request that their child be allowed to carry an epi-pen at school, please be aware of the school policy: "*Requests to carry and self-administer medication, such as an epi-pen, must be accompanied by a licensed person's written order stating such, a parent's written request, and demonstration of the child proving competence to self-medicate. The child shall notify the nurse whenever the medication is used. The school is not responsible for ensuring that the medication is taken. Misuse of medications that are self-administered will result in immediate confiscation of the medication, loss of this privilege, and disciplinary action as outlined in the drug policy.*"

Please return the enclosed form to the nurse's office as soon as possible. A parent's input on their child's health is important. Thank you for your time and assistance.

Sincerely,

Health Room Nurses

Enclosure

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BEE STING ALLERGY ALERT
HEALTH CARE PLAN

Student/Grade/HR_____

History of Prior Stings (Include date, treatment and hospitalizations):

_____

FIRST AID CARE

1. **Determine location of sting**
2. **Wash area (if possible) and apply ice**
3. **Give Benadryl 25mg (liquid form > 2 teaspoons = 10 mL = 25mg) as ordered**
4. **Notify parent/ guardian or alternate as listed below on call chain**
5. **Monitor for severe symptoms**
6. **Take pulse and document**
7. **Give Epipen if indicated as directed/ordered and call EMS >> 911.**
8. **Continue to monitor until EMS arrives**

_____

MILD/MODERATE Allergic Reaction-

- Swelling/Itching/Redness at site
- Generalized Itching/Warmth
- Red Palms
- Rapid Pulse
- Hives
- Restless/Anxious

SEVERE Allergic Reaction - * A severe allergy can lead to shock in 10 minutes or less*

- Difficulty Breathing
- Difficulty Swallowing
- Swelling of face/throat/mouth

Healthcare Practitioner Order:

Medication: Benadryl Dose: _____ Time:_____

Medication: Epipen Dose: _____ Time:_____

Is this student able to carry and self-administer their own epi-pen? _____Yes _____No

_____ _____

Physician's signature (required in order to administer or carry epi-pen) (Date)

Call Chain:

Home Phone: _____

Mother Work/Cell phone:_____

Father Work/Cell phone:_____

Emergency Contact #1:_____

Emergency Contact #2:_____

*This form is accurate and complete to the best of my knowledge

*This information may be shared with school staff and bus driver(s).

Parent Signature: _____ **Date:**_____

Warrior Run Jr/Sr High School
4800 Susquehanna Trail
Turbotville, PA 17772

Warrior Run Elementary School
244 Warrior Run Boulevard
Turbotville, PA 17772