

DeKalb County Eastern Community School District

300 East Washington Street

Butler, Indiana 46721

(260) 868-2186

Dear Parent/Guardian;

Information has been received at school that your child has an allergy to bee stings. Please check the appropriate statement(s) and return this form to us as soon as possible.

_____ 1. My child has shown slight swelling after a bee sting. He/she needs to be observed carefully in case of bee sting at school, but no special medication is needed at this time.

_____ 2. My child has shown a reaction to bee stings and my doctor has recommended the following medication be given:

_____ 3. My child is **severely allergic** to bee stings. My doctor prescribes that a bee sting kit be readily available at school, and I have complied by supplying the school with a kit. If an injection is needed, the student will be transported to the hospital or nearest medical facility. Parent(s) will be responsible for any costs that are incurred.

_____ 4. I intend to see that the school has a kit on hand as soon as possible.

_____ 5. May the school nurse share this health information with other school personnel?
_____ Yes _____ No

• **EMERGENCY PHONE NUMBERS:**

Home: _____ **Work** _____, _____
(mother) (father)

Family Physician: _____ **Phone** _____

** If medication is given at school, a form to be completed by you and your child's physician will be needed on file at the school. These are available at the school office.

Thank you for your cooperation.

Sincerely,

Karla Kreischer, RN
School Nurse

Child's Name _____ Grade _____
Parent's Signature _____ Date _____