



Allergy to Insect Stings

Date: _____

Dear Parent (guardian) of _____

You have indicated on the student information sheet that your child has a history of an allergic reaction to insect stings. Please describe in detail the symptoms that have occurred.

Symptoms that occurred after **last** insect sting: _____

Actions to be taken when your child is stung: _____

Contact names and phone numbers:

Parent/Guardian Signature

Date

IMPORTANT

Please remember that you as the parent/guardian must provide the school with any/all medication to treat your child's allergic reaction. This includes an **Epipen**.

If your child is to carry and self-administer an Epipen, you must provide us with written permission from his/her physician.

Thank you,

Andrea Earlywine RN
378-0251 (*Elementary*)
378-3371 (*Jr/Sr High*)