Beverly Hills Unified School District
CREATING A WORLD CLASS EDUCATION

Bee Sting Allergy Action Plan

Student's Name____D.O.B.______________

Allergy To: ____

Asthmatic Yes* No ***Higher risk for severe reaction**

STEP 1: Treatment

Symptoms	Give Checked Medication** (TO BE DEDERMINTED BY PHYSICIAN AUTHORIZING TREATMENT)	
• If a bee sting has occurred, but no symptoms	Epinephrine	Antihistamine
• Site of sting Swelling, redness, itching	Epinephrine	Antihistamine
• Skin Itching, tingling, or swelling of lips, tongue, mouth	Epinephrine	Antihistamine
• Gut Nausea, abdominal cramps, vomiting, diarrhea	Epinephrine	Antihistamine
• Throat† Tightening of throat, hoarseness, hacking cough	Epinephrine	Antihistamine
• Lung† Shortness of breath, repetitive coughing, wheezing	Epinephrine	Antihistamine
• Heart† Thready pulse, low blood pressure, fainting, pale, blueness	Epinephrine	Antihistamine
• Mouth If a bee sting has occurred, but no symptoms	Epinephrine	Antihistamine
• If reaction is progressing (several of the above areas affected), give	Epinephrine	Antihistamine

The severity of symptoms can quickly change. ***†Potentially life-threatening****.*

DOSAGE

Antihistamine: give ____
MEDICATION / DOSE/ ROUTE

Other: give____
MEDICATION / DOSE/ ROUTE

Parent / Guardian Signature ___________________________________ Date ________________

Doctor's Signature____ Date ________________
(REQUIRED)

Doctor's Medical License Number ____
(REQUIRED)

STEP 2: Emergency Calls

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. ______________________________________ at ____________________________

3. Emergency contacts: Name / Relationship/ Phone Number(s)

a. ______________________________ 1.) ____________________ 2.) ____________________

b. ______________________________ 1.) ____________________ 2.) ____________________

c. ______________________________ 1.) ____________________ 2.) ____________________

EVEN IF A PARENT / GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO CALL 911!

Medical Doctor's Signature Required