

**New Prague Area Schools  
Health Services**

**Bee Sting  
EMERGENCY CARE PLAN**

\* Have available in case of emergency transport \*

<b>Name:</b>		<b>Grade:</b>		<b>School:</b>	
<b>Address:</b>					
<b>Parent's Name:</b>		<b>Phone:</b> Home			
		Work			
		Cell or Pager			
<b>Parent's Name:</b>		<b>Phone:</b> Home			
		Work			
		Cell or Pager			
<b>Physician or Clinic:</b>		<b>Phone:</b>			
<b>Medical Diagnosis:</b>	Allergic to bee stings				
<b>Present Medications:</b>					
<b>Medication Allergies:</b>		<b>Other Allergies:</b>			
<b>Symptoms</b>			<b>Actions to Take</b>		
Swelling at site of bite			Notify building nurse at ext. Apply ice. Attempt to remove stinger.		
Severe hives or any respiratory difficulty. Administer Epi-pen if available			Call 911 and building nurse at ext. and notify District Nurse at 952-758-1760 or 952-217-1090. Notify parents.		
<b>Health Services Director:</b>				<b>Date:</b>	
<b>Parent:</b>				<b>Date:</b>	