



# 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*)