

## Bee Sting Questionnaire

To provide your child with the appropriate care for a bee sting, please fill out this questionnaire and return to the school health office as soon as possible.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

1. Is your child allergic to bee stings? \_\_\_\_\_
2. What type of reaction does your child have? \_\_\_\_\_

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3. What type of treatment will be used at school?

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4. Do you want to be notified if your child is stung at school? \_\_\_\_\_

This information will be kept in your child's health record. Thanks for your help!

School Nurse

