

INSECT STING REACTION RECORD

Pickerington Local School District Health Services

So that we can provide the best care for your child, please complete this form and return it to your school nurse. If any changes occur during the year, please notify your school nurse.

Student Name _____

Grade/Homeroom teacher _____

When was the last time your child was stung? _____

What Kind of stinging insect was it that caused a reaction? _____

What specific reaction did your child exhibit? _____

Did your child need to see a physician because of the reaction? _____

What Medication (if any) will you be sending to school _____?

If your child is stung while at school, the area will be cleaned with soap and water, stinger will be removed, Sting Kill wipe and ice will be applied to the area. Your child will be monitored in the clinic for 10 minutes for any Allergic Reaction.

Please note any other treatment you would like given to your child _____