



Student Services Department

181 Encinal Avenue, Atherton, CA 94027

(650) 321-7140

Fax: (650) 292-2200

BEE and INSECT STING/BITE QUESTIONNAIRE

Date _____

Check Site: Heritage Oak Laurel Encinal Oak Knoll Hillview

Student: _____

Grade _____

Teacher: _____

According to information you provided to school, your child has a reaction to bee or insect stings or bites. In order to better understand the condition and reaction(s), please complete this form and return it to the school office immediately.

How many times has your child been stung/bitten? _____

When was the last time your child was stung/bitten? _____

What type of reaction(s) did your child have? Check all that apply.

- _____ Difficulty breathing
- _____ Red swelling in area of sting (local reaction)
- _____ Large area of swelling (for example, entire arm)
- _____ Rash on other part of body
- _____ Swelling of face
- _____ Itching all over body

Other: _____

Was your child seen by a doctor for any reaction? Yes No

If medication was prescribed, list the name of the medication(s): _____

Does your child need medication if stung/bitten? Yes No

Does your child need medication at school? Yes No If yes, a *Medication Authorization Form* must be completed and returned to the school office with the medication. The Medication Authorization Form may be found on the district web site at district.mpcsd.org or in the school office.

Epi-Pen Benadryl Other: _____

Parent Signature

Date

Print Name

Phone number (indicate home or cell)