BEE STING ALLERGY

INDIVIDUAL HEALTH PLAN

NAME:		9.	DOB	
TEACHER		Grade	,	
History:	16 s			_
		40		
		1	ny Mouth, Minor Hives, Mild	
	emove the stinger with o not use tweezers or		of a credit card (or somethind ls	ng
-Ac	lminister BENADRY	ZL	by mouth	
_A	pply Ice to insect sting	g for comforT		
-Ca	all Parents			
TREATMENT FO	R BEE STING SEVE	RE REACTIO	N LISTED:	
	Throat-Tightening Lung -Wheezing Mouth-Swelling of Gut -Nausea/V	g of the Throat g, Shortness of of the Lips, To omiting, Abd. Low Blood Pr	cramps, Diarrhea essure, Pale/Blue Pallor	_z h
-Ac	lminister EPI-PEN _		for severe reactions listed	d above.
-Ca	ill 911 Immediately	Dose		
-Ca	all Parents			
	1	(H)	(W)	(C)
	2	(H)	(W)	(C)
CONTACT IF PA	RENTS NOT REACH			W-455
	3	(H)	(W)	(C)
Parent Signature_				
Physician Signatu	re	Ph#		