

Student: ___

Laurel Public Schools Emergency Care Plan for Bee Sting Allergy Page 1 of 2

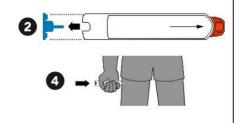
_____ Grade: _____ DOB: _____ Teacher: _____

Student:	Grade: De	JB: Teacner:	
School:	School Year:	_	
Asthmatic: No Yes	(increased risk for severe reaction)	Severity of reaction(s):	
Parent/Guardian:	rent/Guardian: Phone: Phone:		
Parent/Guardian:			
Emergency Contact:	Relationship:	_ Phone:	
SYMPTOMS OF AN ALLERG	IC REACTION MAY INCLUDE ANY/	ALL OF THESE:	
 SKIN: Hives, itchy rash, sw LUNGS: Shortness of breath STOMACH: Nausea, abdor 	g of lips, tongue, or mouth s in throat, hoarseness, cough elling of face and extremities h, repetitive cough, wheezing minal cramping, vomiting, diarrhea creased heart rate, loss of consciousness		
TREATMENT	 Remove stinger if visible, apply ice to area Rinse contact area with water 	Call School NurseCall Parent/Guardian	
Treatment should be initiated:	With symptoms Without waiting for symptoms	If Benadryl ordered, give per provider's orders	Benadryl
	Yes Type of Epi:		
Epinephrine ordered:	No Dose: _		

IF ANY SYMPTOMS BEYOND REDNESS OR SWELLING AT THE SITE OF THE STING ARE PRESENT AND EPINEPHRINE IS ORDERED, GIVE EPINEPHRINE IMMEDIATELY AND CALL 911.

EPIPEN® AUTO-INJECTOR DIRECTIONS

- 1. Remove the EpiPen Auto-Injector from the clear carrier tube.
- 2. Remove the blue safety release by pulling straight up without bending or
- 3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
- 4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
- 5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



ADRENACLICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

- 1. Remove the outer case.
- 2. Remove grey caps labeled "1" and "2".
- 3. Place red rounded tip against mid-outer thigh.
- 4. Press down hard until needle enters thigh.
- 5. Hold in place for 10 seconds. Remove from thigh.





Transportation Plan: Medication available on bus Medication NOT available on bus Does not ride bus Special Instructions:				
 Students receiving epinephrine should be transported to the student to the emergency room if parent, guardian, or eme students is present. This plan is in effect for the current school year and summ parent/guardian and physician on an annual basis. If student authorized by healthcare provider & guardian to Montana Authorization to Carry and Self Administer Astr 	ergency contact ner school as ne	is not present and adequate supervision for other eded. This form must be completed and signed by self-administer, please complete LPS Form:		
• If the procedures as specified in M.C.A. 20-5-420, 20-5-421, and 27-1-714 are followed, the district shall have no liability as a result of any injury arising from the administration or self-administration of the epinephrine via a pre-filled auto-injector mechanism to the student and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student or from self-administration of the student, unless an act or omission is the result of gross negligence, willful and wanton conduct, or an intentional tort.				
Preferred hospital if transported:				
Healthcare Provider:	Date:	Phone:		
Parent/Guardian Signature	Date:	Phone:		