



Forest Lake Area Schools Child Care Program
943 9th Ave SW, Forest Lake, MN 55025
(651) 982-8365

Bee / Insect Allergy Assessment Form

Student Name: _____ Grade: _____ Date of Birth: _____

SAC Site: _____ Parent/Guardian: _____

Phone: (H) _____ (W) _____ (C) _____

Physician / Clinic: _____ Phone: _____

Hospital Preference: _____

Has your child been diagnosed with an allergy by a health care provider? No Yes

Has your child's health care provider told you your child's bee/insect allergy is life threatening (anaphylaxis reaction)? No Yes

What type of stinging bee or insect has your child reacted to? _____

How old was your child when the allergy was first discovered? _____

How many times has your child had a reaction? Never Once more than once, explain:

When was your child's last reaction? _____

Are the reactions: staying the same getting worse getting better

Has your child ever been treated at the clinic or hospitalized because of their allergy? No Yes, when and explain: _____

Has your child ever received or used an Epi Pen or other injection as treatment? No Yes, when and explain: _____

Is your child's allergic reactions: staying the same getting worse getting better

What are the signs and symptoms that your child experiences when having an allergic reaction? (check all that apply)

Mild Reaction

- instant, sharp burning at the sting/bite site
- red welt at the sting/bite area
- slight swelling and pain go away within a few hours

Moderate Reaction

- extreme redness
- swelling at the site of sting/bite that gradually enlarges over the next day or two

Severe Reaction

Skin: hives itching pale flushing swelling (face, arms, hands, legs)

Mouth: swelling (lips, tongue, mouth)

Abdominal: nausea cramps vomiting diarrhea

Throat: itching tightness hoarseness cough

Lungs: shortness of breath repetitive cough wheezing

Heart: weak, rapid pulse loss of consciousness pale blue/gray discoloration faint

dizzy confused

Other: _____

How quickly do the signs and symptoms appear after sting/bite? _____ seconds _____ minutes
_____ hours _____ days

Does your child understand how to avoid getting a bee sting or insect bite? No Yes

List any avoidance techniques: _____

Will you be providing SAC/Sonic with the medications to treat your child in case of an exposure to a bee/insect? (If you mark yes, all medication authorization forms and medication MUST be on site at SAC/Sonic prior to the start of the program)

No

Yes

(All medications that will be kept at SAC/Sonic and administered during SAC/Sonic hours will need a medication form or orders completed by the treating physician. All medication authorization forms must be signed and dated by a parent or guardian)

Have you used the treatment or medication? No Yes, when: _____

How do you want SAC/Sonic to handle this concern? _____

Are there any other health concerns? No Yes, explain: _____

Parent/Guardian signature: _____ Date: _____

All health forms are good for one calendar year from the date they are signed and date.

If there is suspected exposure to an allergen (possible anaphylaxis reaction) 911 will be called immediately.