Daleville Community Schools
14300 W 2nd Street
Daleville, IN 47334
P: (765) 378-3329
F: (765) 378-3649
www.daleville.k12.in.us

Allergy to Insect Stings

Printed Name of Student _____ Grade _____

Printed Name of Parent or Guardian _____

My child has a history of an allergic reaction to insect stings.

Symptoms that occurred after **last** insect sting: _____

_____

_____

_____

Actions to be taken when your child is stung: _____

_____

_____

_____

Contact names and phone numbers:

_____

_____

I understand that I must provide the school with any/all medication to treat my child's allergic reaction, including an **Epipen** if needed.

I understand that if my child is to carry and self-administer an **Epipen**, I must provide the school with written permission from our physician.

_____ _____

Parent/Guardian Signature Date