

**WARSAW YOUNG TIGER CHEERLEADING**

PO BO 1798 WARSAW IN 46581-1798

DATE: \_\_\_\_\_

PLEASE PRINT AND COMPLETE FORM

**BEE ALLERGY AND INSECT BITE**

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

MY CHILD **DOES NOT** HAVE A BEE OR INSECT ALLERGY \_\_\_\_\_

MY CHILD **HAS NEVER BEEN** STUNG BY BEE OR INSECT \_\_\_\_\_

*\*\*\*Please Note that Coaching Staff/EMT will immediately contact parent/guardian of sting\*\*\**

Parent/Guardian Signature \_\_\_\_\_

**PLEASE FILL OUT FORM IF YOUR CHILD HAS A BEE OR INSECT ALLERGY**

Parent/Guardian: \_\_\_\_\_

Health Care Provider (name) treating bee allergy: \_\_\_\_\_ Phone: \_\_\_\_\_

**History and Current Status**

What type of stinging bee or insect has your child's reacted to? \_\_\_\_\_

How many times has your child had a reaction? \_\_\_\_\_ Never \_\_\_\_\_ Once \_\_\_\_\_ More than once, please describe

When was the last reaction? \_\_\_\_\_

Are the reactions: \_\_\_\_\_ staying the same \_\_\_\_\_ getting worse \_\_\_\_\_ getting better

Has your child ever needed treatment at a clinic or the hospital for an allergic reaction \_\_\_\_\_ No \_\_\_\_\_ Yes, please describe

Has your child ever received or used an Epi-Pen® or other injection as treatment \_\_\_\_\_ No \_\_\_\_\_ Yes, please describe

**Triggers and Symptoms**

What are the signs and symptoms of your child's allergic reaction? (please describe)

How quickly do the signs and symptoms appear after the sting? \_\_\_\_\_ seconds \_\_\_\_\_ minutes \_\_\_\_\_ hours \_\_\_\_\_ days

**Treatment**

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

What treatment or medication has your health care provider recommended for an allergic reaction? \_\_\_\_\_ None

Does your child know how to use the treatment or medication? \_\_\_\_\_ No \_\_\_\_\_ Yes

If medication is needed at the field, will you bring the medication or treatment supplies to EMT?

\_\_\_\_\_ Yes

\_\_\_\_\_ No, I need to get the medications/treatment and bring to the field

What do you want the EMT/Coaching staff to do in case of a bee sting or insect bite? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_