

**Mount Aviat Academy  
399 Childs Road  
Childs, Maryland 21916  
410-398-2206 fax: 410-398-8063**

Information Regarding Insect Sting Allergy

Student Name \_\_\_\_\_ Grade \_\_\_\_ School Year \_\_\_\_\_

1. Has your child ever had a reaction after being stung by an insect? Yes \_\_\_\_\_ No \_\_\_\_
2. What type of reaction did the child have? \_\_\_\_\_
3. Did he/she receive emergency medical care at the doctor's office or hospital?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you keep medication on hand to administer when he/she is stung?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Do you keep an emergency adrenaline injection kit on hand? Yes \_\_\_\_ No \_\_\_\_\_
6. Has your doctor recommended regular injections to desensitize your child against the allergy? Yes \_\_\_\_\_ No \_\_\_\_\_
7. If your child is stung during school hours please circle the number(s) below indicating how you would like school personnel to respond should the need arise:
  1. Provide first aid and return your child to class.
  2. Provide first aid and observe for any symptoms for 30 minutes.
  3. Call a parent.
  4. Administer medication as prescribed by a physician and provided by the parent.
  5. Call an ambulance.
  6. Other: Please specify \_\_\_\_\_

**Please Note**

If it is necessary for your child to be treated with medication following a sting, this medication should be kept at school to be available if needed. The administration of all medications requires written permission both from the physician and parent. Required forms to be completed are at the school.

The above information will be shared with appropriate school personnel.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
Other emergency phone #: \_\_\_\_\_

**PLEASE REVIEW THE INSECT STING INFORMATION**

If there are any changes for the present School Year, please indicate below.

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_