



Las Lomitas Elementary School District
 1011 Altschul Ave.
 Menlo Park, CA 94025
 LL (650) 854-5900 LE (650) 854-3962

BEE STING QUESTIONNAIRE

Date _____

Check Site: ☐ Las Lomitas ☐ La Entrada

Student: _____ Grade _____

Teacher: _____ Room _____

According to our records your child has a reaction to bee stings. In order to better understand the condition, please complete this form and return to the school office.

How many times has your child been stung? _____

When was the last time your child was stung? _____

What type of reaction(s) did your child have? Check all that apply. Other comments may be added below.

- _____ Difficulty breathing
- _____ Red swelling in area of sting (local reaction)
- _____ Large area of swelling (for example, entire arm)
- _____ Rash on other part of body
- _____ Swelling of face
- _____ Itching all over body

Was your child seen by a doctor for any reaction? ☐ Yes ☐ No

If medication was prescribed, list the name of the medication: _____

Does your child need medication if stung by bee? ☐ Yes ☐ No

Does your child need medication at school? ☐ Yes ☐ No If yes, a *Medication Authorization Form* must be completed and returned to the school office with the medication. The Medication Authorization Form may be found on the district web site at www.llesd.org or in the school office.

☐ Epi-Pen injection ☐ Benadryl ☐ Other: _____

Other comments: _____

 Parent Signature

 Date

 Print Name