



Health Services Department
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INSECT STING ALLERGY QUESTIONNAIRE

Dear Parent or Guardian of _____ DOB: _____

Previously received information indicates that your son/daughter has had a bee or other insect sting allergy. Please complete the following to assist us in being better prepared in the event of a problem at school.

How many times in the past has there been a problem with an insect sting? _____

How severe was the reaction (check off one from below):

- slight (local redness and discomfort) _____
• moderate (large local reaction with some swelling/itching) _____
• severe (hives, swelling of body parts, wheezing or other respiratory problems) _____
• other _____

Did the physician order any medication to be taken after a sting? _____ If so, what? _____

Has he/she ever received desensitizing injections? _____

If yes, has he/she been stung following desensitization? _____

Was there a reaction? (If yes, please describe) _____

Has the student been trained in the use of an epi-pen? _____

If the physician recommends that your child have medication available at school, the following is required:

- A note with specific instructions from the physician (IMPORTANT NOTE: if medication, such as EpiPen, is to be carried it must be specified on both the physician and parent notes),
• A note of authorization from the parent
• Properly labeled container(s) brought to the Health Office with the above notes (no stock medications are kept in the Health Office)

Thank you for your assistance.