

**MARPLE NEWTOWN SCHOOL DISTRICT
NEWTOWN SQUARE, PENNSYLVANIA 19073
HEALTH SERVICES DIVISION**

Bee Sting Allergy

Date _____

Dear Parent or Guardian:

According to our emergency file, _____ is allergic to bee stings. We are requesting you have your private physician complete the lower portion of this form so we may administer first aid to your child according to his/her orders. Please return this information and the required medication for your child to the school nurse as soon as possible.

Sincerely,

School Nurse

- **If your child's bee sting reaction does NOT require medication prescribed by a physician, please sign below and return this form.**

Parent signature

REPORT FROM PRIVATE PHYSICIAN

Date _____

Name _____ Grade _____ School _____

Bee sting allergy Yes _____ No _____

Treatment/Medication prescribed (to be supplied by parent) _____

Dosage _____ Route _____

Comments _____

Physician Signature _____ Phone _____

Parent/Guardian Signature _____