

Middleborough Public Schools

Insect Stings

Date: _____

Re: _____
Student's Name

School

Dear Parent or Guardian:

According to our health records your child is allergic to insect bites/bee stings. In order to help your child and update our records, please complete the following:

- | | YES | NO |
|--|-------|-------|
| 1. My child still has an allergy to insect bites/bee stings | _____ | _____ |
| 2. If my child is bitten/stung, he/she needs special medication or treatment | _____ | _____ |

If the answer is yes, please explain below:

It is the **parent's responsibility** to provide any medication needed for treatment of bee sting.

- | | | |
|-----------------------------------|-------|-------|
| 3. My child has been desensitized | _____ | _____ |
|-----------------------------------|-------|-------|

Please return this form to the Health Office or to your child's teacher who will forward it to the appropriate Health Office.

Sincerely,

School Nurse

Signature of Parent/Guardian

Home Telephone Number

Emergency Number