

Thomaston Recreation Department

Bee Sting Information Sheet

1. Child's name: \_\_\_\_\_
2. Has the child been stung previously?      Yes \_\_\_\_      No \_\_\_\_
3. If the child has been stung, has there been a reaction?      Yes \_\_\_\_      No \_\_\_\_
4.      If there has been a reaction, what happens? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is any medication necessary? Yes \_\_\_\_      No \_\_\_\_
6. If so, what type? \_\_\_\_\_
7. How should it be administered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. In case of emergency, who should be contacted?  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_