

PLEASE MARK ONE OF THE FOLLOWING:



_____ My child is NOT allergic to bees

_____ My child has never been stung so I am unsure if he/she is allergic to bees

_____ My child had an allergic reaction to bee stings and has an Epi-Pen with their name on it for the Athletic Trainer or the Coach to use in case of emergency

_____ My child has an allergic reaction to bee stings and needs an Epi-Pen but does not carry one

_____ My child has a minor reaction to bee stings and can be treated with Benadryl

Student Athlete Name: _____

Sport(s): _____

Parent/Guardian Signature: _____