



**COOPERATIVE  
EDUCATIONAL  
SERVICES**

25 Oakview Drive  
Trumbull, CT 06611  
(203) 365-8800

**Special Education Services**

www.ces.k12.ct.us/specialeducation

**FOOD AND BEE STING ALLERGY TREATMENT PLAN AND  
THE PERMISSION FOR THE ADMINISTRATION OF MEDICATION BY  
SCHOOL PERSONNEL**

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**Christopher La Belle**  
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Program Administrator

**Kristen Wilson**  
Therapeutic Day Program  
Program Administrator

**Jaime Dawson**  
Therapeutic Day Program  
Program Administrator

**Bryan Murphy**  
Therapeutic Day Program  
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STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL #: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHYS.TEL #: \_\_\_\_\_

Does this child have Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

SPECIFIC ALLERGY: \_\_\_\_\_

IF STUDENT HAS BEEN STUNG BY A BEE OR HAS INGESTED THE ABOVE-NAMED FOOD,  
PLEASE NUMBER IN ORDER OF ADMINISTRATION:

\_\_\_\_\_ Observe student for signs of anaphylaxis x 2 hours (**see below**)

\_\_\_\_\_ Administer **adrenaline** before symptoms occur. EpiPen Jr. Adult

\_\_\_\_\_ Administer **adrenaline** if symptoms occur. EpiPen Jr. Adult

\_\_\_\_\_ Administer **Benadryl** \_\_\_\_\_ mg Liquid \_\_\_\_\_ or Tablets \_\_\_\_\_

\_\_\_\_\_ Administer \_\_\_\_\_

\_\_\_\_\_ Call 911, transport to ER if symptoms occur for evaluation, treatment and observation.

IF REACTION OCCURS, PLEASE NOTIFY THIS OFFICE: **203-365-8864**

1. Is this a controlled drug? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

3. Relevant side effects to be observed: \_\_\_\_\_

4. Please allow student to self-administer medication (must meet the guidelines of self-medication assessment). \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SYMPTOMS OF ANAPHYLAXIS:**

- Chest tightness, cough, shortness of breath, wheezing
- Tightness in throat, difficulty swallowing, hoarseness
- Swelling of lips, tongue and throat
- Itching mouth, itchy skin, hives or swelling
- Stomach cramps, vomiting, diarrhea
- Dizziness or faintness