



Administrative Office
89 Portsmouth Avenue
Stratham, NH 03885
P: 603.772.9830
F: 603.772.4917

Exeter Center/School Age Office
13 School Street
Exeter, NH 03833
P: 603.772.4132
F: 603.772.5962

Newmarket Center
3 Simons Lane
Newmarket, NH 03857
P: 603.659.2324
F: 603.659.6882

Pease Center
81 New Hampshire Avenue
Portsmouth, NH 03801
P: 603.766.5437
F: 603.766.5439

Bee Sting Questionnaire

Please take a moment to check the appropriate information below, and return to your program Director.

_____ My child has never been stung by a bee.

_____ My child has been stung by a bee.

_____ Had an allergic reaction

_____ Did not have an allergic reaction

If your child gets stung while in our care:

_____ I give Great Bay Kids' Company permission to remove the stinger.

_____ I do not give permission for Great Bay Kids' Company to remove the stinger.

Other Information: _____

Child's Name

Parent/Guardian Signature

Program

Date