



PSCS Honey Bee Hive Maintenance Permission

PSCS Parent or Guardian:

Your student has expressed interest in helping maintain the bee hives that are on the campus at Pioneer Springs Community School. This document is intended to gather some information and to make sure that you are fully informed about the process. Our bee hives are located on the North side of the Asbury building behind the brick wall. All students will have the opportunity to watch the bees at work through the use of a portable observation hive that is enclosed in safety glass. Students in grades 5-8 with signed parent permission may work with a trained staff member/volunteer to help maintain the hives.

There are risks when working with bees. Protective equipment is designed to reduce the risk of stings while working closely with bees. **Your student will only be allowed near the apiary while wearing a minimum of a bee jacket, veil, gloves, jeans, long socks, and closed toe shoes.** While your student will be wearing protective equipment, he or she could be stung. This is unlikely, but some people are allergic to bees and you or the student may not know it yet. A few people are severely allergic to bees and risk anaphylactic shock when stung. These people may find it difficult or impossible to breathe due to their reaction. An epi-pen is kept on hand while anyone is working with the honey bees in the event of anaphylaxis. PSCS staff members have been trained to recognize the signs of anaphylaxis and how to use epi-pens.

Remind your student not to wear strong cologne or perfume on the day that we will be working with bees. Strong smells can irritate the bees. Your student must also remember to wear long socks and shoes that protect the entire foot. **Sandals are not allowed.** Students who are behaving inappropriately will be asked to leave apiary, especially if the behavior compromises the safety of others.

Small groups of students will be selected each Weds./Thurs. to help with beehive maintenance. Students and parents will be given advanced notice of their participation dates. Be aware that the dates hive maintenance occurs is subject to change depending on the weather. Please feel free to contact the school with any questions you may have. We are happy to answer them.

Please answer the questions on the back of this page. By signing, you are giving permission for your student to help maintain the bee hives. You are also acknowledging that you have been informed of the risks and will not hold the school or staff member/volunteer responsible for any injury that may occur.

Thank you,

Chris Simeral
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chriss@pioneersprings.org

Student Name:	Parent Name:	Phone:
Has your child ever been stung by a honey bee?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your child have an allergic reaction when stung by a bee? If yes, what was the extent of the reaction? <input type="checkbox"/> Local Reaction Only <input type="checkbox"/> Required medical attention (please explain)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a doctor ever prescribed your child an epi-pen for bee sting allergies?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If your child has been prescribed an epi-pen, is there an epi-pen on campus AND does the school staff know about this condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have permission to work in close proximity to bees while under supervision?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>What is the best way to get in touch with a parent or guardian during an emergency?</p> <p>Please provide the name and phone number of another adult who can act as an emergency contact.</p>		

By signing, you agree that you have been informed of the risks in working closely with bees. You are giving permission for your child to help maintain a bee hive under adult supervision. Your student is agreeing to follow all safety and behavioral expectations. Failure to follow instructions and expectations will result the loss of this is a unique experience and a privilege

Student Signature

Date

Parent Signature

Date