



TO BE MAINTAINED IN PERMANENT RECORD. DO NOT DESTROY.

### Migraines/Headaches Care Plan

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Parent:

We understand that your child has been diagnosed with migraines/headaches. The goal is to keep your student in school and able to concentrate and participate in school activities. Please complete this form and return it to school as soon as possible. If your child needs medication at school, we must have a completed medication authorization form. It is your responsibility to inform after school staff regarding your child's medical needs. This Care Plan will be maintained on file for your student. If changes are needed to this Care Plan, please notify your School Nurse.

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Phone

**Circled below are the TRIGGERS that contribute to the onset of a migraine/headache for my child:**

- Missing a meal
- Weather changes
- Exertion
- Certain foods/drinks (specifics for this student): \_\_\_\_\_
- Other: \_\_\_\_\_
- Lack of sleep
- Stress
- Various odors
- Oversleeping
- Physical illness
- Loud/continuous noises

**Circled below are the symptoms indicating the IMMEDIATE need to excuse my child from classroom activities:**

- Migraine/Headache on one side of the head
- Sensitivity to light, sound and/or odors
- Nausea with or without vomiting
- Aura/pre-migraine symptoms: \_\_\_\_\_
- Other: \_\_\_\_\_
- Numbness/tingling
- Visual disturbances

**INTERVENTION BY SCHOOL STAFF:**

**Treatment should begin with the first symptom. For medication to be effective DO NOT WAIT!**

**Delaying treatment for even five minutes can result in no relief of symptoms.**

1. Allow student to rest quietly in the classroom or health room as needed.
2. Administer medications, if prescribed.
3. If migraine/headache is not relieved in one hour, contact the parent/guardian.
4. Notify the school nurse and parent if student has more than one migraine/headache per week.
5. Other related info \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

**Date Completed** \_\_\_\_\_

Teachers are responsible for establishing a means of notifying all others who may assume responsibility for this student (teacher assistants, substitute teachers, specialty teachers), that this plan exists.