School Headache/Migraine Plan

Name____________________________ Grade/room__________
Parent/guardian_______________________________________
Home phone__________ Work phone___________ Cell phone___________
Other contact____________________Phone______________________
Physician__________________ Hospital preference___________

**Type of headache** (migraine, cluster, tension, unknown):
__________________________________________________________

**Triggers for headache:**
Foods_____________________________________________________
Activities___________________________________________________
Medications_________________________________________________
Stress_______________________________________________________
Smells_______________________________________________________
Lack of sleep________________________________________________
Has emergency treatment been needed in the past year for pain?_______

**Indicate the signs that are usually present during a headache/migraine**
Moderate to severe pain________ Throbbing pain_______
Light sensitivity________ Sound sensitivity_________
Disabling pain________ Nausea and/or vomiting__________

**Medications**

**Daily**
Name___________________ Dose__________ Time__________
Name___________________ Dose__________ Time__________

**Emergency Medication**
Name_______________________ Dose___________ supply should be sent to school. Call school nurse for forms.

**Steps to take for a headache/migraine**

1. Give medication as prescribed and rest for 30-40 minutes in health room, return to class if able, if no resolution call parent.

2. If no medication available, rest and ice, return to class if able or call parent

3. Notify parent if:
Headache does not respond to treatment within 2 hours

Headaches have a sudden change in characteristic or features

Headaches are increasing in frequency

Parent to take student for follow-up care.

If you want additional help or have other concerns, please list:

__________________________________________________________________________

__________________________________________________________________________

Parent signature ____________________________ Date __________