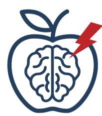


MIGRAINE AT SCHOOL

MIGRAINE/HEADACHE HEALTH PLAN

Student Name			
Grade			
Parent/Guardian Name			
Phone #		Email	
Health Care Provider Name			
Phone #		Email	

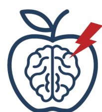
The Following to be Completed by Health Care Provider:
Based on the healthcare provider's evaluation, this student was diagnosed with migraines/headaches.

Symptoms related to migraine/headaches:

☐ Headache	☐ Sleep Difficulties
☐ Cognitive Difficulties	☐ Nausea/ Vomiting
☐ Sensitivity to Light	☐ Visual Dysfunction
☐ Dizziness	☐ Sensitivity to Noise
☐ Fatigue	☐ Foggy

Current Lifestyle Changes to Manage Migraines/Headaches:

☐ Less Screen Time	☐ FL 41 Tinted Glasses
☐ Good Sleep Hygiene	☐ Manage Stress
☐ Stay Hydrated	☐ Fragrance Free
☐ Eating Migraine Healthy Meals	
☐ Avoid Environmental Sensitivities	
Known Triggers	



MIGRAINE AT SCHOOL

Medical Adjustments: It is medically necessary for this medication to be given during school hours.

☐ Allow water and food intake as needed	☐ Allow access to medication at onset/worsening of migraine or headache
☐ Allow to rest in a quiet, dark, or dimly lit room	☐ Provide cool compress or ice to neck or head
☐ Allow student to contact parent	☐ Contact parent 1 hour after medication administration if no improvement

MEDICATION	DOSAGE	ROUTE	TIME	COMMENTS

I understand medication administration may be carried out by school personnel who have been delegated to perform these duties and trained by the school nurse. *Parents agree to notify the school nurse of any medication changes and will provide the school with the medication in the original container.*

Healthcare Provider Name	Healthcare Provider's Signature	Date

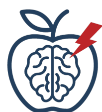
School Nurse Name	School Nurse's Signature	Date

Parent/Guardian Name	Parent/Guardian's Signature	Date

ACADEMIC ADJUSTMENTS ***(To be completed in partnership by family and school/school nurse)***

The following academic adjustments may help the student to better participate in the academic process. **The student and parent are encouraged to discuss and establish adjustments with the school on a class-by-class basis.**

Attendance Adjustments
☐ Full/partial days missed due to migraine/headache symptoms should be medically excused ☐ Schedule non-critical classes in the morning ☐ Modified days/late start days
Notes:



MIGRAINE AT SCHOOL

Note Taking
☐ Provide study guides ☐ Peer and/or teacher notes to supplement missed classroom time
Notes:

Breaks
☐ Student may need to go to the nurse/counseling office to rest in a quiet, dark, or dimly lit room. ☐ May provide a cool compress or ice to head or neck ☐ Allow access to school counselor/social worker for anxiety/depression
Notes:

Other Adjustments
☐ Allow for snacks and drinks ☐ Allow liberal bathroom privileges ☐ Allow excusal from assemblies ☐ No MSG, artificial sweeteners, or dyes. ☐ Allow to wear earplugs or headphones when experiencing phonophobia ☐ Home-based instruction for extended absence or hospitalization ☐ Allow student to wear hat/sunglasses (sensitivity to light) ☐ Change brightness/contrast setting on computer ☐ Allow to leave class without permission for nausea/vomiting ☐ Lunchroom Accommodations
Lunchroom Accommodations details if checked:
Additional Adjustments:

By signing, I give my consent for my child to receive the services as outlined in this plan.

Parent/Guardian	Date	Student	Date
Case Manager/School Nurse	Date	Administrator	Date

This form was created by Migraine at School, a national initiative of the Danielle Byron Henry Migraine Foundation.