

## Health Care Plan-Migraines

Name:

Date of Birth:

Emergency Contact:

Goals of School Care:

To provide student with interventions for coping with migraine while in the school setting.

**Common Symptoms:**

Throbbing or pounding headache  
Aura or Visual disturbances  
Nausea/Vomiting  
Blurred Vision or Dizziness  
Sensitivity to light, sound and odor  
Head pain is usually one sided or frontal

**Action Required:**

1. Allow student to rest in quiet dark room with cold compress.
2. Give medication as directed.
3. Access to water, Gatorade, or salty snacks
4. Alternative activity in PE, to refrain from excessive heat.
5. Breaks from excessive screen time.

**Medication to be given at school:**

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I approve this care plan for my child

Parent Signature

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Date

Notes specific to student

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Physician Signature

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Date

School Nurse Consultant Signature

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Date

