

Student Name		date of birth
Health Plan	(circle) original or current	date of plan
School Information	school/year	teacher/team
Parent/Guardian	Print	signature
School Nurse	Print	signature
Health Care Provider signature not required	Print	Phone

Please complete the following to provide school staff information about your child's health condition. Health information is considered confidential; however, information on this form may be shared with teachers having direct contact with your child in order to provide a safe environment while your child is at school or engaged in school activities.

Migraine or Headache Description

A migraine is a common type of headache that may occur with symptoms such as nausea, vomiting, or sensitivity to light. In many people, a throbbing pain is felt only on one side of the head. Some people have an aura, a group of symptoms including vision disturbances, that are a warning sign that a bad headache is coming. It may be precipitated by stress, fatigue, exercise, conflict, anxiety, certain foods (such as chocolate) and menstruation.

Symptoms (check all that apply; add additional information as necessary)

<p><input type="checkbox"/> may be preceded with an aura (flashing lights, visual disturbance, speech difficulty, tingling, limb weakness, abdominal pain)</p> <p><input type="checkbox"/> pain usually felt in the forehead on one or both sides</p> <p><input type="checkbox"/> pain varies from mild to severe, often described as throbbing</p> <p><input type="checkbox"/> pain worsened by movement or exercise</p> <p><input type="checkbox"/> may become light and/or sound sensitive</p> <p><input type="checkbox"/> nausea, vomiting</p> <p><input type="checkbox"/> fatigue, irritability</p> <p><input type="checkbox"/> paleness</p> <p><input type="checkbox"/> diarrhea</p> <p><input type="checkbox"/> other - please describe:</p>

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Interventions

- avoid precipitating factors when possible
- have student alert you to headache, including severity, as soon as possible
- allow student to take medication as soon as possible. Please return completed Medication Authorization form.
- encourage student to try relaxation techniques
- allow student to rest in a quiet, dark place if necessary
- alert parent/guardian with concerns about migraine severity or frequency
- other - please describe:

Management (please check all that apply)

- I understand that the above intervention will be carried out as described.
- I authorize exchange of information between the school and the listed health care provider
- My child will receive medication at school as ordered by the listed health care provider on the Health Plan