



HEADACHE CARE PLAN

School _____ Date _____

Student _____ Birthdate _____ Grade/Rm. _____

EMERGENCY CONTACTS:

NAME	RELATIONSHIP	TELEPHONE NUMBER

Treating Physician _____ Telephone _____

Known headache triggers: _____

Significant Medical History _____

Allergies/ Intolerances _____ (No allergies)

Students whose headaches bring them to the school nurse's office more than three days a week, or who miss entire school days due to complaints of head pain require specialized interventions.

Headaches are a common pediatric complaint whose cause can range from benign to sinister. Stress, injury, weather, dehydration, bowel or bladder backup, hunger, infection, dental issues, fever, sleep deprivation, vision difficulty, and genetics can all contribute. Regardless of the underlying reason, certain "red flags" should prompt an escalation of care. These include:

- Vomiting
- Loss of consciousness
- Neurologic deficits like slurring words, facial droop, motor incoordination, vision loss
- Seizure activity
- Sincere report of "worst headache of my life"
- Numbness of an extremity

Student has permission to take the following medications in the school clinic as needed for pain:

Acetaminophen (Tylenol) _____ mg every 4 hours (circle one: liquid or pill)

Ibuprofen (Advil/ Motrin) _____ mg every 6 hours (circle one: liquid or pill)

Prescription medication: _____

Additional information: _____

Parent name: _____

Parent signature: _____

Provider name: _____

Provider signature: _____