## Health Care Plan-Migraines

Name:	Date of Birth:		
Emergency Contact:			
Goals of School Care:			
To provide student with interventions for copin	g with migraine while in the school setting.		
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Common Symptoms:	Action Required:		
Throbbing or pounding headache	<ol> <li>Allow student to rest in quiet dark room</li> </ol>		
Aura or Visual disturbances	<ul><li>with cold compress.</li><li>2. Give medication as directed.</li><li>3. Access to water, Gatorade, or salty snacks</li></ul>		
Nausea/Vomiting			
Blurred Vision or Dizziness			
Sensitivity to light, sound and odor	<ol><li>Alternative activity in PE, to refrain from</li></ol>		
Head pain is usually one sided or frontal	excessive heat.		
	5. Breaks from excessive screen time.		
Medication to be given at school:			
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approve this care plan for my child	MENANT PROMISE OF ANY PROMISE AND METERS OF THE PROMISE OF THE PRO		
Parent Signature			
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Notes specific to student	Date		
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Physician Signature			
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School Nurse Consultant Signature			
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