



**Migraine Headache  
Health Management Plan**  
SCHOOL YEAR: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

<b>CONTACTS</b>	
<b>MOTHER:</b>	<b>FATHER:</b>
<b>HOME:</b>	<b>HOME:</b>
<b>WORK:</b>	<b>WORK:</b>
<b>CELL:</b>	<b>CELL:</b>
<b>If parents cannot be reached call:</b>	
<b>Name:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Phone:</b>
<b>Physician:</b>	<b>Phone:</b>
<b>Hospital Preference:</b>	
<b>DEFINITION:</b> Migraine headaches are frequently referred to as vascular headaches. The blood vessels in the head either constrict and become narrow, or expand and dilate causing a headache and a variety of other symptoms. Often there is a family history of migraines.	
<b>STUDENT HISTORY/MEDS:</b> _____ _____	
<b>SYMPTOMS (Check those that apply):</b> ___ Auras/visual disturbances ___ Nausea/vomiting ___ Throbbing pain ___ Dizziness ___ Sensitivity to light/loud sounds ___ Numbness or tingling of extremities ___ Other: _____	<b>TRIGGERS:</b> ___ Hunger ___ Lack of sleep ___ Stress ___ Hormonal changes ___ Certain foods ___ Pain relief medications if used too much ___ Bright lights/computer lights/loud noises ___ Other: _____
<b>MANAGEMENT:</b>	
1. Avoid known triggers 2. Rest/ dim the lights/quiet music 3. Deep breathing/ relaxation techniques 4. Cold pack/compress to forehead 5. Medications as provided by parents	6. Other: _____ _____ _____
<b>CALL PARENT IF:</b>	
1. Headache does not improve, or worsens 2. Vomiting 3. Other: _____	
<b>CALL 911 IF:</b>	

Copy of this plan has been provided to Transportation Supervisor Yes  No

\_\_\_\_\_  
PARENT SIGNATURE / DATE

\_\_\_\_\_  
COUNTY SCHOOL NURSE SIGNATURE / DATE