

# Migraine Action Plan For School

(To Be Completed By The Health Care Provider and Parent)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**Migraine triggers:** \_\_\_\_\_

**Daily Medications:** \_\_\_\_\_

<p><b>1. Safe Zone:</b></p> <p>Child has any of these:</p> <ul style="list-style-type: none"> <li>❖ No visible sign of pain</li> <li>❖ No additional warning signs</li> <li>❖ Denies pain/other symptoms</li> <li>❖ Can work/play</li> </ul>	<p><b>1. Action:</b></p> <ul style="list-style-type: none"> <li>❖ Avoid triggers</li> <li>❖ Allow desktop fluids and encourage fluid intake</li> <li>❖ Allow extra bathroom breaks as needed</li> <li>❖ Other _____</li> </ul>
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<p><b>2. Caution Zone:</b></p> <p>Child has any of these:</p> <ul style="list-style-type: none"> <li>❖ Complaints of head pain</li> <li>❖ Difficulty with work/play</li> <li>❖ Complains of early migraine symptoms:</li> </ul> <p>_____</p> <p>_____</p>	<p><b>2. Action:</b></p> <ul style="list-style-type: none"> <li>❖ Administer medication(s): _____</li> <li>❖ _____</li> <li>❖ Encourage student to drink ____ oz. of water or sports drink.</li> <li>❖ Call parent if medication is used more than _____ times in one week.</li> <li>❖ Other _____</li> </ul>
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<p><b>3. Danger Zone:</b></p> <p>Child has any of these:</p> <ul style="list-style-type: none"> <li>❖ Medication not helping</li> <li>❖ Vomiting</li> </ul>	<p><b>3. Action:</b></p> <ul style="list-style-type: none"> <li>❖ Administer Medication(s): _____</li> <li>❖ _____</li> <li>❖ Notify parent</li> <li>❖ Notify doctor</li> </ul>
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Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_