

Handling Migraines at School Form for College Resident Assistants

Being prepared is essential to Migraine management and treatment.

This form is intended to provide information for your dormitory resident assistant. It's important for this information to be available, especially if there are times when you need help with your Migraines. If you live in sorority or fraternity house, an apartment, or elsewhere, someone should have this information.

College students probably won't encounter as many problems when they need to take medications during class. However, due to problems with illicit drug use on college campuses, students should keep prescription medications in their original containers with the label intact to avoid misunderstandings and problems. College students should also check with their professors and be aware of policies about missing classes and exams.



Teri Robert

Information for College Dormitory Resident Assistants

My child, _____, a resident in your dormitory is has been diagnosed with Migraines. Migraine is a genetic neurological disease, and Migraine attacks can be quite debilitating. In addition to potentially severe headache, a Migraine attack often includes other symptoms including:

- increased sensitivity to light
- increased sensitivity to sound
- aphasia, an inability to use language well
- impaired mental acuity
- nausea and vomiting
- dizziness
- lack of coordination and impaired balance

My child has medications that were prescribed to her/him for her/his Migraines, but there may be times when your assistance would be helpful or necessary.

The following medication(s) have been prescribed by my child's physician to be taken when she/he has a Migraine attack:

Name of medication: _____

Dosage/directions: _____

Name of medication: _____

Dosage/directions: _____

Potential side effects to watch for: _____

If the medications don't work, the Migraine presents with symptoms that are unusual or especially severe, or if my child loses consciousness, please help her/him get to a doctor or call an ambulance. You can also contact me at the number below.

Thank you.

parent signature

date

parent name (printed)

phone number