Handling Migraines at School Workbook

Being prepared is essential to Migraine management and treatment.

These forms are intended to be used to provide information to teachers and other school officials who may need to know about the Migraines children and adolescents may have at school.

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.

This workbook includes several forms so you can choose those which fit your situation:
- Information for teachers (grade school through high school)
- Information for school nurse (grade school through high school)
- Information for college professors
- Information for college dormitory resident assistants

Teri Robert

Information for Teachers

My child, _____, has been diagnosed with Migraine disease. Migraine is a genetic neurological disease characterized by episodes or attacks with multiple possible symptoms. During a Migraine attack, my child may experience:

- ☐ moderate to severe head pain
- ☐ nausea and/or vomiting
- ☐ sensitivity to light
- ☐ sensitivity to sound
- ☐ visual distortions
- ☐ dizziness
- ☐ aphasia
- ☐ nausea and/or vomiting
- ☐ mood changes
- ☐ tiredness/sleepiness
- ☐ other: _____

_____

When my child experiences a Migraine attack, it is important that he/she take medication as soon as possible. Please allow him/her to go to the nurse's office for medication and to lie down when a Migraine attack strikes, with assistance if necessary.

If you wish to speak with me about my child's health, you can reach me by telephone at

_____.

To verify this information for you, my child's physician has also signed below. Thank you!

_____   _____
Parent's Signature   Date

_____   _____
Parent's Name (Printed)   Phone Number

_____   _____
Physician's Signature   Date

_____   _____
Physician's Name (Printed)   Phone Number

Information for School Nurse

My child, _____, has been diagnosed with Migraine disease. During a Migraine attack, my child may experience:

- ☐ moderate to severe head pain
- ☐ sensitivity to light
- ☐ visual distortions
- ☐ aphasia
- ☐ mood changes
- ☐ other: _____

- ☐ nausea and/or vomiting
- ☐ sensitivity to sound
- ☐ dizziness
- ☐ nausea and/or vomiting
- ☐ tiredness/sleepiness

When my child experiences a Migraine attack, it is important that he/she take medication as soon as possible. The following medication(s) have been prescribed by my child's physician to be taken when he/she has a Migraine attack:

Name of medication: _____

Dosage/directions: _____

Name of medication: _____

Dosage/directions: _____

Potential side effects to watch for: _____

Please contact parent if…
- my child reports symptoms that are unusual for him/her or are extreme.
- my child's medication does not provide relief within two hours.
- my child's Migraines seem to be increasing in frequency or severity.
- you need more of my child's medications.
- you wish to discuss anything related to my child's health.

To verify this information for you, my child's physician has also signed below. Thank you!

_____   _____
Parent's Signature   Date

_____   _____
Parent's Name (Printed)   Phone Number

_____   _____
Physician's Signature   Date

_____   _____
Physician's Name (Printed)   Phone Number

Information for College Professors

Your student and my patient, _____ is under my care for the treatment of 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

There may be times when this student is unable to attend class; unfortunately, even on days when examinations occur. He or she may not need to see a doctor or visit student health services for Migraine attacks because I have prescribed medications to be taken for them, but that makes them no less debilitating.

I hope you will be able to work with your student/my patient to help him or her get the most from your class despite Migraines. Please contact me if I can provide you with more information.

Thank you.

_____   _____
physician signature   date

_____   _____
physician name (printed)   phone number

_____
physician office address

_____   _____
student/patient name   student ID#

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 of 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