

Handling Migraines at School Form for Teachers

Being prepared is essential to Migraine management and treatment.

This form is intended to be used to provide information to teachers in grade school through high school who may need to know about the Migraines children and adolescents may have at school.

Complete this form at the beginning of each school year and whenever the student's treatment or other information changes.



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