# HEADACHES / MIGRAINES CARE PLAN

Columbus School District

**HEALTH SERVICES**

Mary Hughes RN  School Nurse  400 S. Dickason Blvd  Columbus, WI 53925

Phone (920) 623-5954  Fan (920) 623-5742

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Grade:</th>
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<tbody>
<tr>
<td>Parent/Guardian:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Parent/Guardian/Other:</td>
<td>Phone:</td>
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</tbody>
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**Health Condition:** Headaches/Migraines

**Signs/Symptoms to watch for:**
- Headache____
- Nausea____
- Vomiting____
- Sensitivity to light____
- Aura____

**Intervention:**
- Drink water____
- Rest 20 minutes (in a dark room)____
- Bland Snack (saltines)____
- Ice pack____
- Wet paper towel over eyes____(warm/cold)
- Put on glasses____

**Known triggers:** Flashing light, hormone changes, caffeine intake or lack of, odors, weather changes, consumption of processed food, lack of sleep, seasonal allergies (circle those that apply)

**All medication (both prescription and over the counter) that is furnished by the parent must be in an original container.**

If a prescription, ask pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.

All requests for medication administration, including self-medicating, must be accompanied by a District form. Forms can be obtained from the office in each building or accessing the CSD web site “health services” option. All medication forms need to be updated annually.

**Next steps:** if the interventions above do not begin to resolve the headaches, please do the following:

________________________________________________

________________________________

**Parent’s Signature:**

Date:

**School Nurse Signature:**

Date:

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