



# TRANSPORTATION COMMUNICATION

## HEADACHE EMERGENCY PLAN

Student Name: \_\_\_\_\_

School Year: \_\_\_\_\_

School Name: \_\_\_\_\_ School Ph #: \_\_\_\_\_

Bus #: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

School Health Aide: \_\_\_\_\_

Description of Students Medical Concern(s):

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### IN AN EMERGENCY:

**IF THE STUDENT IS IN DANGER, CALL 911 IMMEDIATELY!**

| <b>If you observe:</b>                         | <b>Then you should:</b>   |
|--|---|
| Complaints of headache                         | <ul style="list-style-type: none"> <li>- Give migraine medication, if approved by school nurses and available</li> <li>- Encourage student to hydrate. A caffeinated (if not contraindicated) drink may help.</li> <li>- Call parent/guardian to bring medication if medication is not available at school</li> </ul> |
| Nausea and/or vomiting                         | <ul style="list-style-type: none"> <li>- Cool compress to head or neck</li> <li>- May take anti-nausea medication, if prescribed and documented with school nurses.</li> <li>- Call parent/guardian to bring medication if medication is not available at school</li> </ul>   |
| Light causes headache to worsen/vision changes | <ul style="list-style-type: none"> <li>- Try to place in a quiet, dark area</li> </ul>  |

*The information provided above is NOT a health care plan but reflects emergency guidance for students with a Headache Health Care Plan. More detailed plans are available, and training may be provided by the District Nurse. This document should be used as an emergency reference only and needs to be readily available to anyone driving or attending to the bus.*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*If available, please attach a current picture of the student to this form.*