



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

Parent/Guardian: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Homeroom Teacher (if applicable): \_\_\_\_\_

Migraine Triggers:

Medication (*Please note, an **Authorization to Administer Medication** form is required for students to receive medications during school hours*):

Safe Zone	Action
<u>Student has any of these:</u> <ul style="list-style-type: none"> <li>● No visible signs of pain</li> <li>● No additional warning signs</li> <li>● Denies pain or other symptoms</li> <li>● Can work/play</li> </ul>	<input type="checkbox"/> Avoid triggers <input type="checkbox"/> Allow desktop triggers to be present <input type="checkbox"/> Allow extra bathroom breaks as-needed
Caution Zone	Action
<u>Student has any of these:</u> <ul style="list-style-type: none"> <li>● Complaints of head pain</li> <li>● Complaints of early migraine symptoms:</li> </ul> <hr/> <hr/> <ul style="list-style-type: none"> <li>● Difficulty with work/play</li> </ul>	<input type="checkbox"/> Administer: _____ _____ <input type="checkbox"/> Encourage student to drink _____ oz of water <input type="checkbox"/> Call parent/guardian if/when: _____ _____ _____
Danger Zone	Action
<u>Student has any of these:</u> <ul style="list-style-type: none"> <li>● Medication isn't working</li> <li>● Vomiting</li> </ul>	<input type="checkbox"/> Administer: _____ _____ <input type="checkbox"/> Notify parents



Parent/Guardian Signature:

\_\_\_\_\_

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