Portage Community School District

Student photo

Headache Health Plan

Student Name:	DOB:
	Grade/School
Parent/Guardian Name:	Phone #:
Parent/Guardian Name:	Phone #:
Other Emergency Contact aware of child's condition:	Phone #:
Physician Name:	Phone #:

Signs/Symptoms to watch for:
Headache ___
Nausea ___
Vomiting ___
Sensitivity to light ___
Aura ___

Intervention:
Drink water ____
Rest 20 minutes (in dark room if possible) ____
Bland snack like saltine crackers ____
Ice pack ____
Wet paper towel over eyes – warm/cold
Put on glasses ____

Name of med:_____
Dose of med:_____
Side effects of med that you expect:_____

_____

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)

Medication will be kept in the office and a medication request/consent form is completed and on file.

Next Steps: If the interventions above do not begin to resolve the headaches, please do the following:

_____

_____

Parent Signature: Date:

School Nurse Signature: Date:

Preschool & Elementary:
Valerie Hon, BS, RN, NCSN
305 E. Slifer St
Portage, WI 53901
742-4867, ext 4131
Fax: 608/742-4950

John Muir Elementary:
Suzanne VanHoof, BSN, RN
2600 Woodcrest Dr
Portage, WI 53901
742-5531, ext 2705
Fax: 608/742-8511

Middle & High School Nurse:
Stephanie Gissal, BSN, RN
301 Collins St.
Portage, WI 53901
742-2165, ext 7008
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