



Parents must complete and submit the MIGRAINE ACTION PLAN in order to authorize Lexington Christian Academy (LCA) personnel. Parents must update the form prior to each year the student is attending LCA. For your reference, LCA's Medical Guidelines can be found on the back of this Migraine Action Plan.

STUDENT INFORMATION

FAMILY INFORMATION

Name: _____

Parents'/Guardians' Names: _____

DOB: _____ Grade: _____

Mother Cell#: _____ Father Cell #: _____

Allergies: _____

Emergency Contact: _____

Emergency Contact Cell Phone #: _____

PARENT SIGNATURE: _____

DATE: _____

MEDICAL INFORMATION TO BE COMPLETED BY PHYSICIAN

HEADACHE INFORMATION:

My diagnosis is:

Describe aura (if any):

GREEN ZONE - PREVENT MORE HEADACHES

Student should do or take this every day to prevent headaches:

Table with 4 columns: MEDICATION, METHOD, DOSAGE, TIMES TO BE GIVEN

As a reminder to the student:

- * Get enough sleep; keep a regular schedule * Drink enough water; avoid caffeine * Learn ways to relax; manage your stress

It may take 4-6 weeks to see a big change, so stick with it! Visit www.headachereliefguide.com to manage your headaches.

YELLOW ZONE - CAUTION - TAKEN ACTION - ACT FAST TO TREAT HEADACHES

Student should go to school nurse right away. Student should take quick-relief medicine as soon as the headache starts.

Table with 4 columns: MEDICATION, METHOD, DOSAGE, TIMES TO BE GIVEN

Let your physician know if you need to take your quick relief medicines 3 or more days a week or if this plan is not working.

As a reminder to the student:

- * Drink some water or sports drink if you can * Rest in a dark, quiet place for 30 minutes and practice relaxation exercise (e.g. deep breathing, etc.)

RED ZONE - STOP! TIME TO GET HELP

Contact the physician's if:

* The student's headache is much worse, lasting much longer than usual

Take the student to the emergency room if:

* The student has new and very different symptoms like loss of vision, unable to move one side of his/her face or body, has trouble walking or talking, or is very confused or unable to respond.

Call 911 IF THE STUDENT LOSES CONSCIOUSNESS OR HAS STROKE-LIKE SYMPTOMS.

I authorize the quick-relief medication(s) listed in the yellow zone. These can be administered by the school nurse or designated personnel.

Physician's Name: _____

Physician's Signature: _____ Date: _____

Physician's Phone #: _____

ALL MEDICATION WILL BE DISCARDED IF NOT PICKED UP BY MAY, 27 2022. THE ABOVE MEDICATION ORDER IS VALID FOR ONE YEAR FROM THE DATE SIGNED BY THE PHYSICIAN.



MEDICATION GUIDELINES

The administration of medication to students shall be done only in exceptional circumstances where the student's health may be jeopardized without it. Whenever possible, administration of medication should be done at home. (Medication prescribed three times per day can be given before school, after school, and at bedtime.) If a new medication is started, the first dose must be given at home, unless it is a rescue medication.

The school will adhere to the following guidelines as it pertains to medication:

1) Administration of prescription medication by school personnel must only be done according to the written order of a physician / licensed prescriber and written authorization of parent / guardian and Licensed School Nurse, regardless of the student's age.

- Mixed dosages in a single container will not be accepted for administration at school.
- If a half tablet is required for a correct dosage, it is the parent's / guardian's responsibility to provide pre-cut tablets for administration at school.
- Altered forms of medication will not be accepted or administered at school.
- Narcotics / medical cannabis will not be administered at school.
- Aspirin-containing products will not be administered at school.
- Only FDA approved treatments will be provided at school.

2) All medication (prescription and non-prescription) must be brought to and from school by a parent / guardian in its original container. The following information must be on the prescribed container label:

- Student's full name
- Name and dosage of medication
- Time and directions for administration at school
- Physician / licensed prescriber's name
- Date (must be current)

3) New consent forms with licensed health care provider and parent / guardian signatures must be received each school year.

4) A new medication consent form is required when the medication dosage or time of administration is changed.

5) When a long term daily medication is stopped, a written physician / licensed prescriber's order is requested.

6) Medication will be kept in a locked cabinet in the Nurse's Office unless authorized by the Licensed School Nurse, and must not be carried by the student.