Individualized Healthcare Plan (IHP)

Emergency Action Plan (EAP)

Dear Parent or Guardian:

One of the responsibilities of the school nurse is to manage students' special health needs during the school day. One way I do that is to work with parents and school staff to develop a plan for day to day care (called an Individualized Healthcare Plan or IHP) and a plan for potential emergency situations (called an Emergency Action Plan or EAP).

These plans help teachers and school staff to either prevent emergencies, or care for a student during an emergency before the school nurse arrives. Each plan must be reviewed and approved by the parent before giving it to school staff.

I have enclosed a copy of the IHP/EAP for your child. Please review the plan and circle what applies to your child. Feel free to make any changes you feel are necessary. Please sign and date the plan at the bottom. Your signature indicates that you agree with the plan, and agree that it can be distributed to school staff that may have contact with your child during the school day.

If you have any questions, please do not hesitate to contact me.

Thank you for your prompt response.

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INDIVIDUALIZED HEALTH CARE PLAN
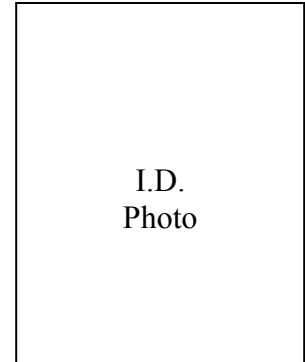## STUDENT WITH MIGRAINE HEADACHES

Name of Student _____

Grade _____ Homeroom _____ Bus Rider (circle) YES NO Bus # _____

Parent/Guardian Name _____

Phone: (home) _____ (work) _____ (cell) _____

+------------------+
| |
| I.D. |
| Photo |
| |
+------------------+

Known Migraine Triggers: _____

_____

Symptoms of the headache may include: _____

_____

_____

Classroom and activity accommodations:
- Allow student to carry water bottle with him/her at all times.
- If student has a headache allow for decreased activity in regards to gym and recess.
- Additional _____

When headache occurs:
1. Give prescribed medication _____
2. Give sport drink _____ located _____
   _____
3. If no sport drink give _____
4. Assist student in regarding headache in diary and send a note home to parent stating what time student reported headache, how severe, and what time medicine was given.
5. Allow student to rest.

Additional instructions: _____

_____

_____

_____

_____

_____

Student has EMERGENCY ACTION PLAN   ☐ **YES**   ☐ **NO**

Parent/Guardian Signature _____ Date _____

Nurse Signature _____ Date _____

Any revision to the student's IHP or EAP requires a new form to be completed, signed and dated by parent.