Letter to school

Fill this in and email it to the form tutor and the SENCO, or in the US the 504 coordinator, three or four days ahead. The point is that nobody spends the meeting hearing about migraine for the first time.

To _____ Date _____

I'd like to agree a written plan for what happens when _____ (year group _____) has a migraine attack at school, so that the same thing happens each time regardless of who is on duty.

What I'm asking for. The adjustments I've ticked below. I'm not asking for any change to what is expected of _____ academically.

What I'd like to happen next. Fifteen minutes in the next two weeks to agree which of these are workable, and a named person who owns the plan and reviews it once a term.

Thank you, _____ Contact _____

WHAT THE ATTACKS LOOK LIKE

WHAT STAFF WILL SEE, HOW LONG IT LASTS, AND WHAT HELPS IN THE FIRST TEN MINUTES

THIS TERM SO FAR

ATTACKS AT SCHOOL	HALF-DAYS LOST	FULL DAYS LOST	TIMES SENT HOME

THE ADJUSTMENTS I'M ASKING FOR

- ☐ A dark, quiet place to lie down at onset, agreed in advance — not the corridor or the reception desk
- ☐ Twenty to thirty minutes there *before* anyone rings me, rather than being sent home automatically
- ☐ A water bottle on the desk, and permission to eat a snack in class
- ☐ Extended deadlines for work missed to attacks, handled as absence and not as conduct
- ☐ A separate room and rest breaks for exams and assessments
- ☐ Other: _____

Ask your GP or your child's specialist to write the medication section of page 2. A school will not act on a parent's instructions about medicine, and it should not.

Migraine plan

Written to be read in fifteen seconds by whoever is on duty. Pin it up rather than filing it.

PUPIL

YEAR / FORM

PLAN OWNER

1 · WHAT AN ATTACK LOOKS LIKE IN THE FIRST TEN MINUTES

WHAT STAFF WILL ACTUALLY SEE — PALE, SQUINTING, HAND OVER ONE EYE, GONE QUIET

2 · WHAT TO DO, IN ORDER

STEP ONE — WHERE TO SEND THEM

LIGHTS OFF. BLIND DOWN. LET THEM LIE DOWN.

STEP TWO — AFTER 20–30 MINUTES

- ☐ Better: back to lessons
- ☐ No better: call home

PLEASE DON'T SKIP STEP ONE

3 · MEDICATION

TO BE COMPLETED BY THE PRESCRIBING CLINICIAN · RECORD THE TIME IT WAS GIVEN

4 · STANDING PERMISSIONS

- ☐ Water bottle on the desk
- ☐ Snack in class
- ☐ Leave the room without asking
- ☐ Sunglasses or a cap indoors
- ☐ Sit away from the window
- ☐ Screen brightness lowered
- ☐ Head down at the desk briefly
- ☐ Skip assembly

5 · AFTERWARDS

THE DAY AFTER AN ATTACK IS OFTEN FOGGY AND FLAT. WHAT THAT MEANS FOR WORK SET AND DEADLINES

CONTACT 1 — NAME AND NUMBER

CONTACT 2 — NAME AND NUMBER

GET URGENT MEDICAL HELP IF

To be completed by the pupil's clinician. Don't fill this in from the internet.

Agreed _____ · review each term · plan owner named above