

MIGRAINE AT SCHOOL

*The foundational initiative of the
Danielle Byron Henry Migraine Foundation.*





Danielle Byron Henry
MIGRAINE FOUNDATION

Danielle Byron Henry Migraine Foundation was established in 2016 by the Henry family in honor and memory of our daughter and sister, Danielle.

Our mission is to empower people with migraine, especially young adults and children, through advocacy, education, and support.

daniellefoundation.org



LEARNING OBJECTIVES

Define pediatric migraine and identify how it differs from adult migraine, including key symptoms, stigma, and common misconceptions.

Support students in advocating for their needs and utilizing school resources, such as healthcare plans and migraine hall passes, to manage their condition.

Describe common migraine treatments and school-based strategies to support students using them.

Recognize the impact of healthcare disparities and systemic barriers on students with migraine and how schools can help close gaps in care.

Identify lifestyle and environmental triggers for migraine in the school setting and recommend simple strategies and accommodations to help prevent attacks.

Utilize the free resources and downloadable tools provided by Migraine at School to better support students and staff.

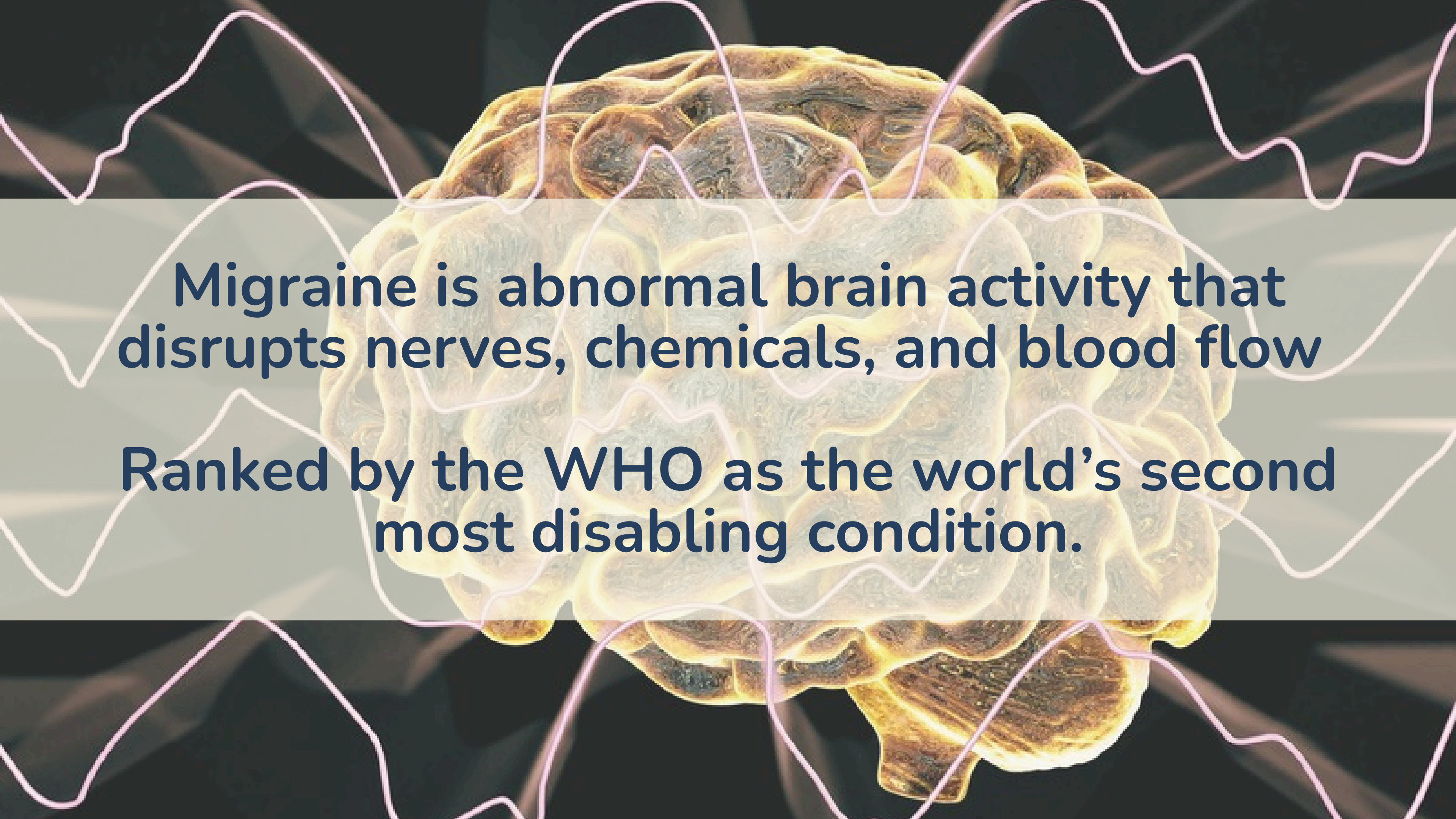
MIGRAINE IS A COMPLEX NEUROLOGICAL DISEASE

Not just a
headache



50% chance
their child
will





Migraine is abnormal brain activity that disrupts nerves, chemicals, and blood flow

Ranked by the WHO as the world's second most disabling condition.

PREVALENCE OF MIGRAINE IN CHILDREN AND ADOLESCENTS

5%

Preschool
Children

10%

School-Aged
Children

28%

Adolescents



THIS IS A DISEASE, NOT A CHARACTER FLAW OR ATTENTION-SEEKING BEHAVIOR.

SYMPTOMS



Attacks last 2
to 72 hours



Pulsating or
pounding pain

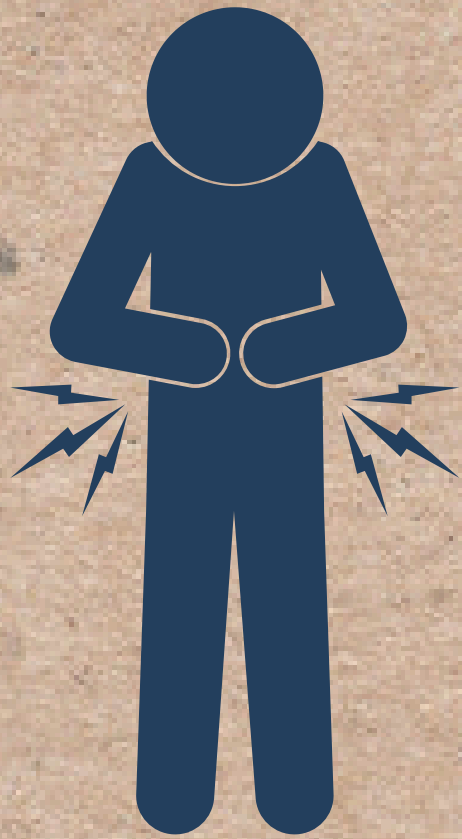


Be felt in the
front, on one
side, or on both
sides of the head

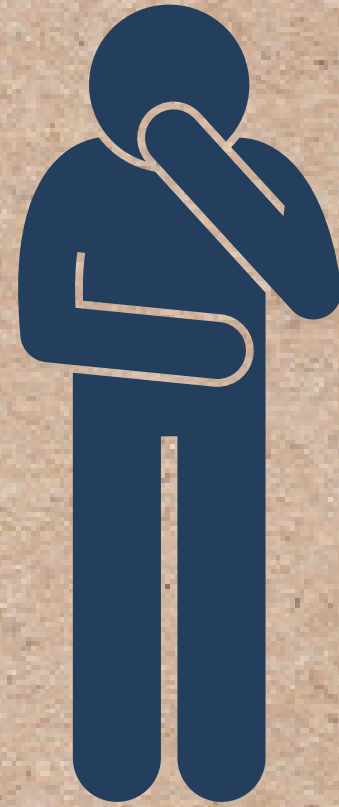


Worsen with activity

OTHER SYMPTOMS



Stomach
pain



Nausea



Vomiting



A stuffy nose



Sensitivity to
light or sound

Could be
NO HEAD
PAIN



PEDIATRIC MIGRAINE SYMPTOMS

Head pain (often
bilateral; forehead
area)

Abdominal pain

Loss of appetite

Pale appearance,
lightheadedness

Attacks are shorter
in duration

Sensitivity to
sound and light

Nausea, Vomiting

Fatigue, Mood
changes (irritability)

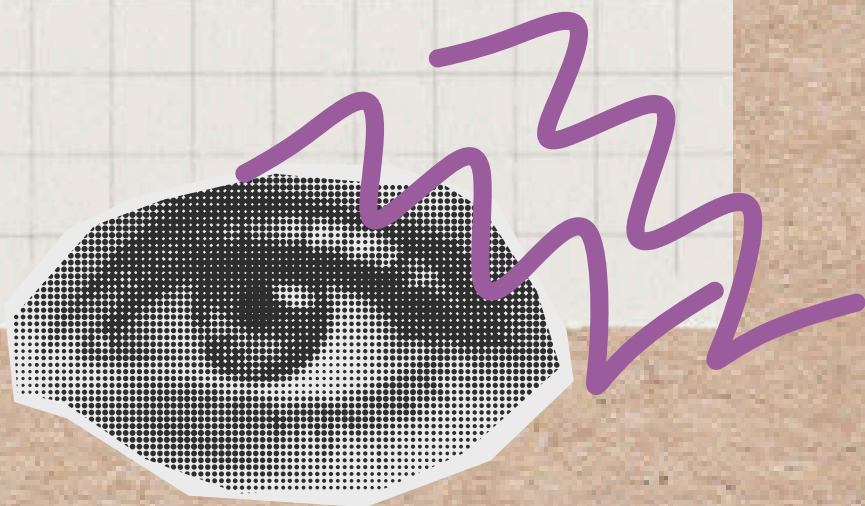
Dizziness

Difficulty focusing



TYPES OF MIGRAINE

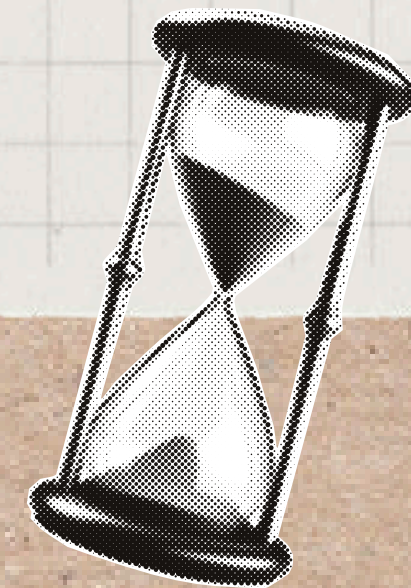
**Migraine
with aura**



**Migraine
without
aura**



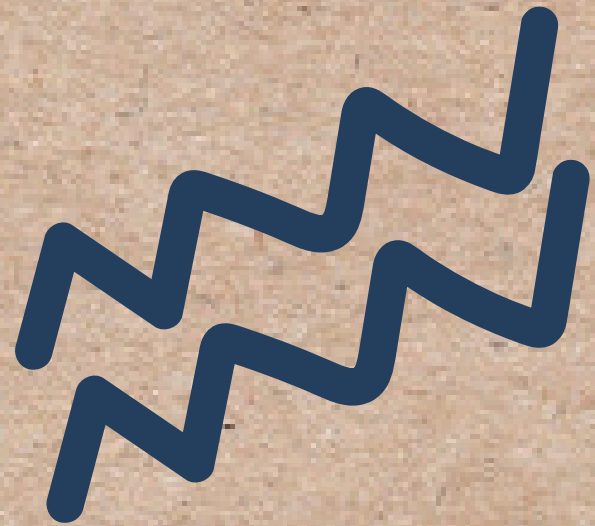
**Chronic
migraine**
(15+ days/month)



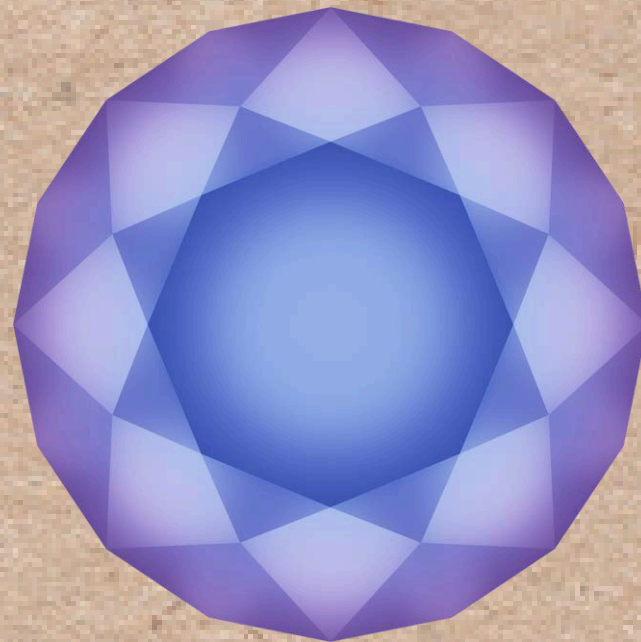
VISUAL AURAS



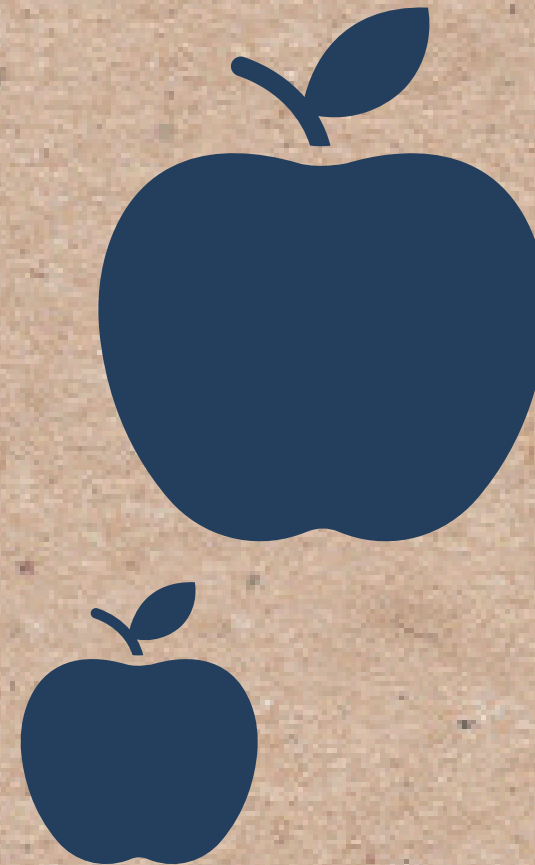
Blurred
vision or
loss of
vision



Zigzag lines,
black dots,
or flashes of
light



Kaleidoscopic
patterns of
colors



Objects
looking larger
or smaller
than they are



Straight lines
looking
curved

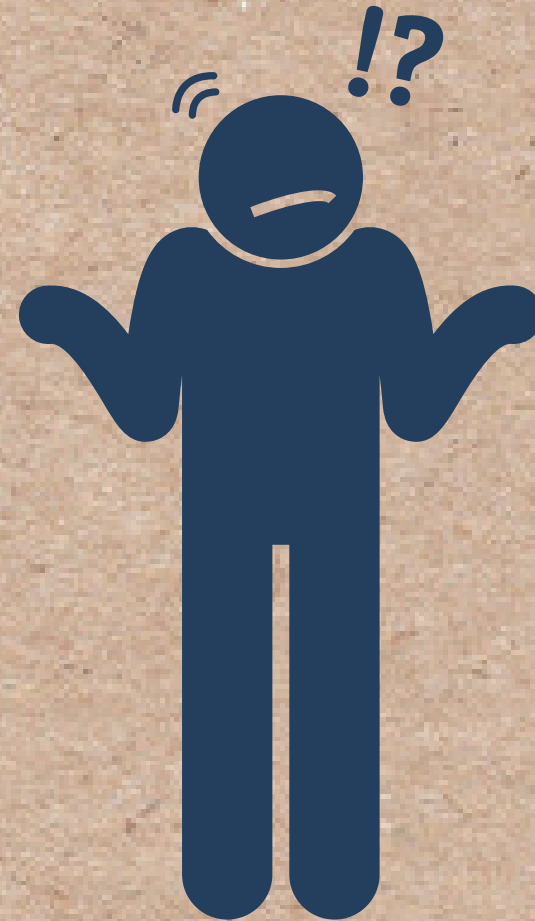
OTHER TYPES OF AURA



Numbness,
weakness,
tingling, or
trouble moving
1 side of the
body



Difficulty
talking



Confusion or
trouble paying
attention



Dizziness



A sound of
ringing in the
ear

WHAT KIDS SAY DURING A MIGRAINE ATTACK

"I just want
to rest"

"My forehead hurts"

"My brain
hurts"

"It's too loud
in here!"

"I can't go to
school today"

"I'm not
hungry"

"Can you turn
off the lights?"

"I think I'm going to
throw up"

"My stomach
hurts"

ABDOMINAL MIGRAINE: SYMPTOMS IN CHILDREN

Abdominal pain

Loss of appetite

Pale skin

Fatigue

Dark circles under
eyes

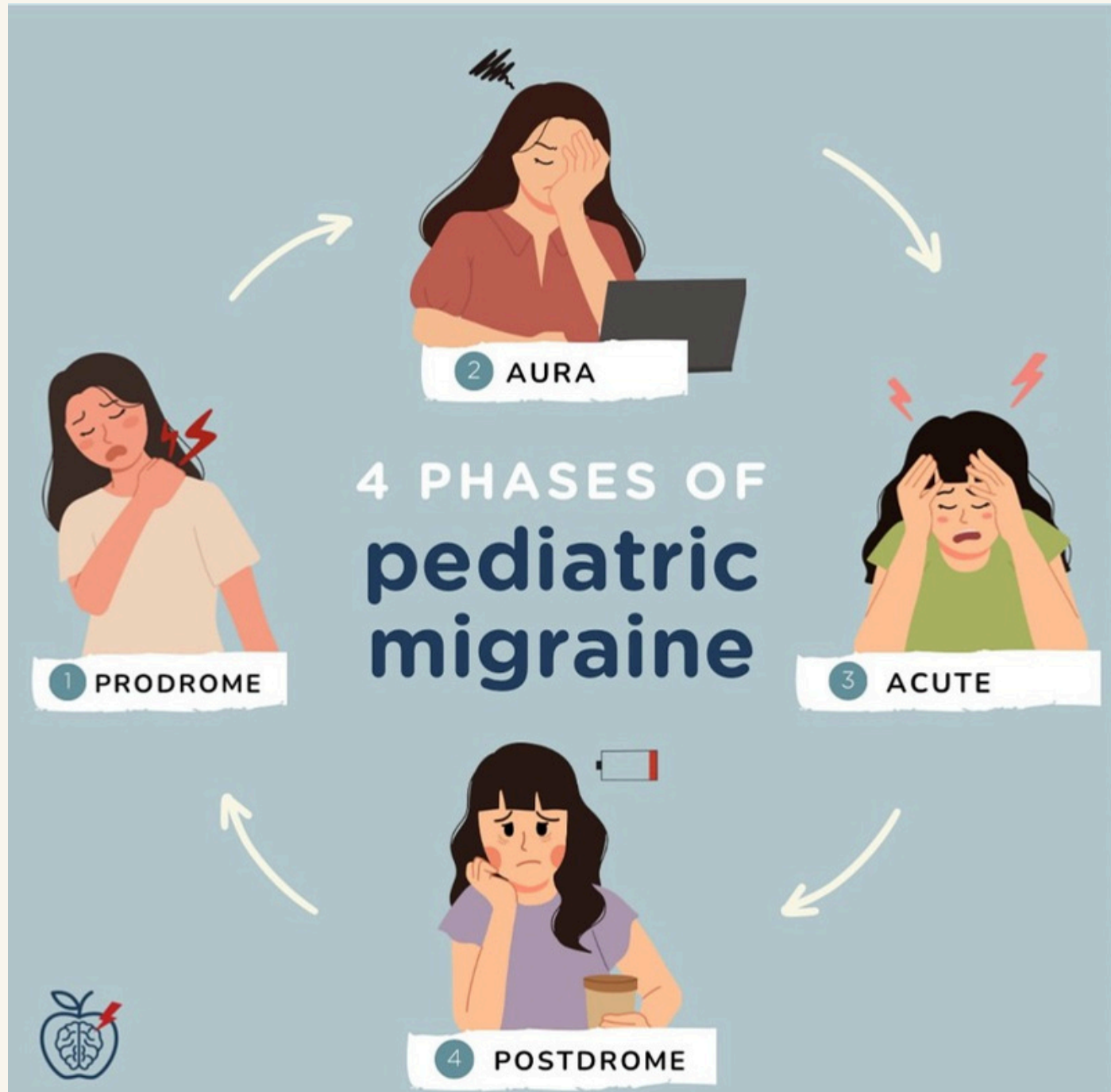


Sensitivity to light

Head pain (not
usually)

Nausea

Vomiting



PRODROME

1ST PHASE OF PEDIATRIC MIGRAINE

- This phase lasts a few hours or up to a few days.
- Symptoms: fatigue, irritability, stiff neck.
- This phase affects 67% of children with migraine.

AURA

2ND PHASE OF PEDIATRIC MIGRAINE

- Symptoms: seeing spots or flashing lights, dizziness, numbness or confusion.
- This phase lasts 5 minutes to 1 hour.
- Some children don't have an aura.
- Some children experience the aura and attack phase at the same time.

ACUTE

3RD PHASE OF PEDIATRIC MIGRAINE

- Symptoms: throbbing or pulsing head pain, often bilateral and in the forehead, nausea, difficulty focusing, loss of appetite, abdominal pain, dizziness, vomiting, light sensitivity, etc.
- Attacks are usually shorter in duration than in adults.

POSTDROME

4TH PHASE OF PEDIATRIC MIGRAINE

- Symptoms: feeling drained, exhausted, or experiencing a sense of euphoria or elation.
- This phase can last for 1 to 2 days.

MENTAL HEALTH & MIGRAINE

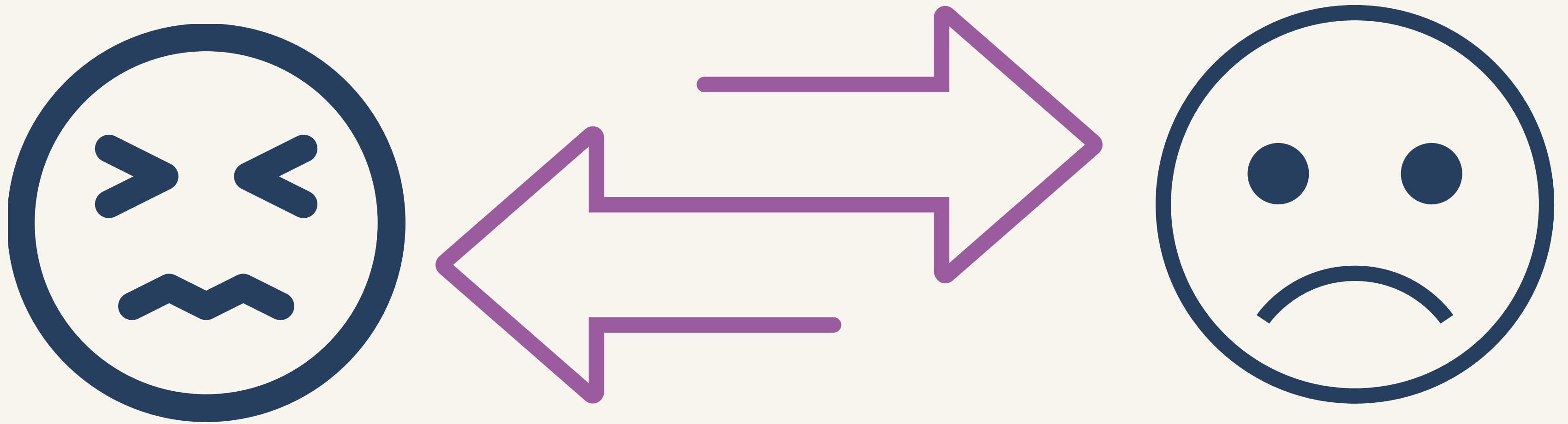
People with
migraine are

2.5 x more likely to experience
depression

2-5 x more likely to experience an
anxiety disorder

3x more likely to die by suicide
than the general population

60-70% of adolescents with chronic
migraine have either anxiety or depression



MIGRAINE & MENTAL HEALTH: A TWO-WAY CONNECTION

- Unpredictable pain fuels fear and isolation
- Stigma worsens mental health
- Stress can trigger or intensify migraine, creating a cycle



MISCONCEPTIONS & STIGMA

- Students are often seen as exaggerating or attention-seeking
- Staff may dismiss migraine as “just a headache”
- Stigma can lead to shame and silence
- Validation and support help break the cycle



MYTH

**Kids don't
get migraine**

FACT



**1 in 10 school-
aged children and
1 in 4 teens live
with migraine.**



MYTH

If they're not
in bed all
day, it's not
migraine

FACT



Students often
push through
pain but still
struggle to
function



MYTH

Migraine is
caused by
stress or
anxiety

FACT



Stress can be a
trigger, but
migraine is a
neurological
disorder



TREATMENTS

There are 3
types



ACUTE

PREVENTATIVE

DEVICE BAISED

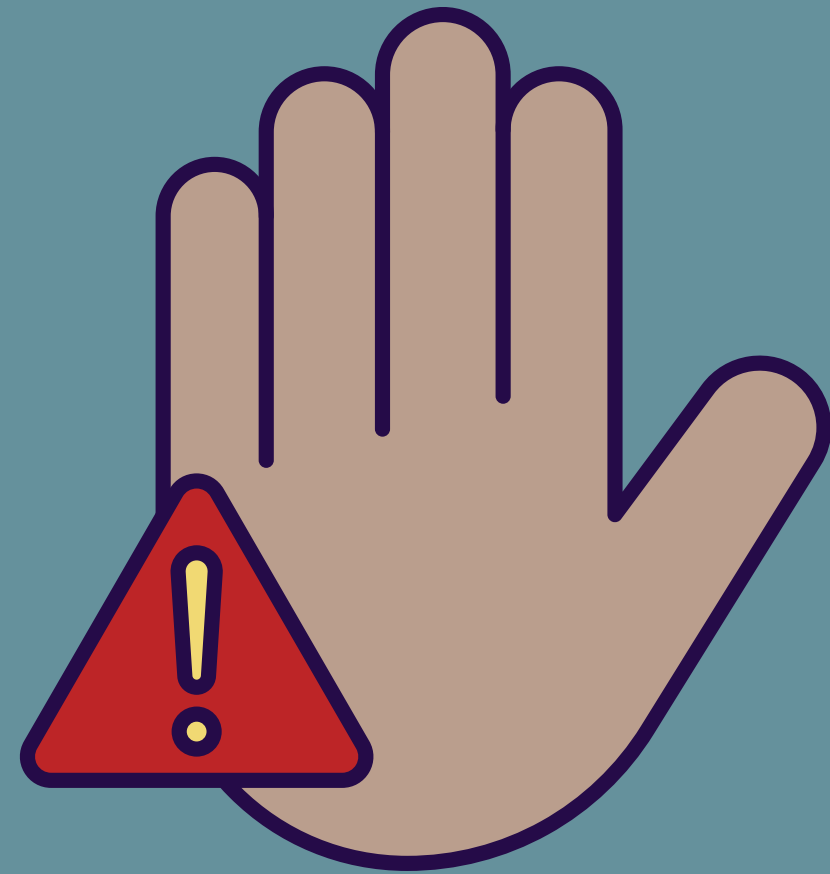


ACUTE (ABORTIVE) TREATMENT

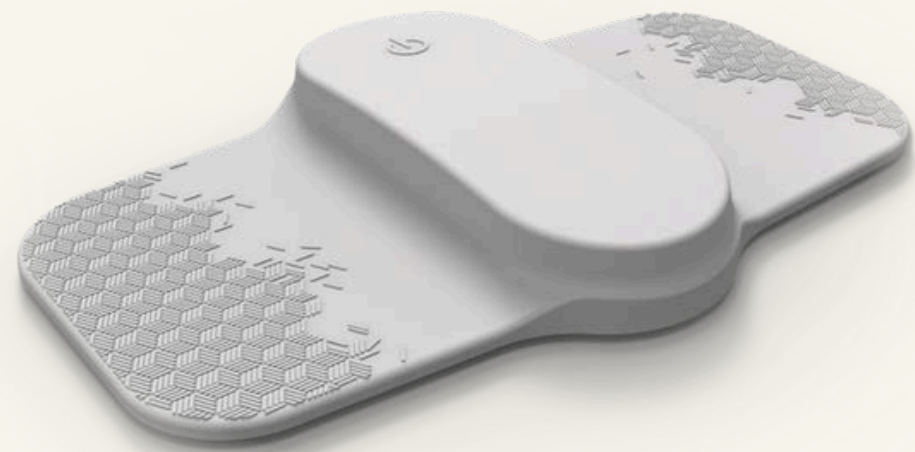
- Taken at migraine onset to reduce or stop symptoms
- Examples: triptans, NSAIDs, anti-nausea meds
- Nerve blocks may be given by a healthcare provider



PREVENTIVE TREATMENT



- Taken regularly to reduce frequency and severity of attacks
- Includes daily meds, supplements, or *off-label* Botox injections
- Ajoovy is the first option designed specifically for pediatric migraine
- Some preventives are adapted from other conditions (e.g., antiseizure, blood pressure meds)




DEVICE-BASED THERAPIES:

Easy to use tech

(like Nerivio, Savi or gammaCore)

that uses electrical stimulation to
treat or prevent migraine.



**NOT EVERY TREATMENT IS A FIT FOR EVERY CHILD
MOST KIDS USE A COMBINATION OF STRATEGIES.**



**WHAT STUDENTS MAY BE
USING & HOW TO SUPPORT
THEM AT SCHOOL**





MEDICATION

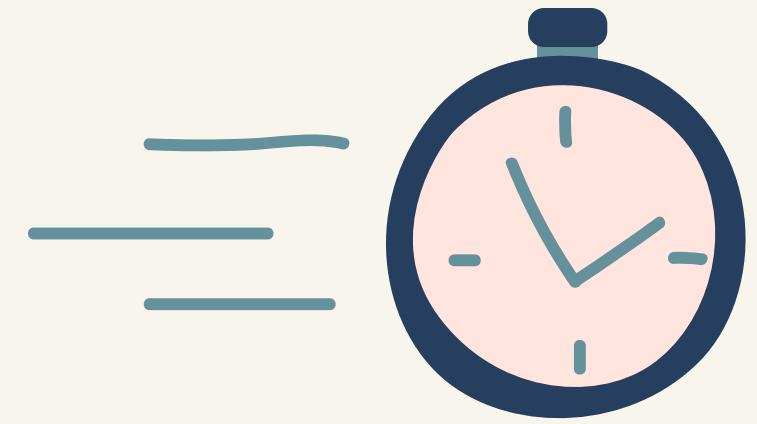


QUIET REST SPACE



RELIEF DEVICES

(e.g., Nerivio, Savi, gammaCore)



FLEXIBLE SUPPORTS

(extra time, reduced workload)



SUNGLASSES / HATS



NOISE-CANCELING HEADPHONES



MIGRAINE/HEADACHE HEALTH PLAN

Student Name			
Grade			
Parent/Guardian Name			
Phone #		Email	
Health Care Provider Name			
Phone #		Email	

The Following to be Completed by Health Care Provider:

Based on the healthcare provider's evaluation, this student was diagnosed with migraines/headaches.

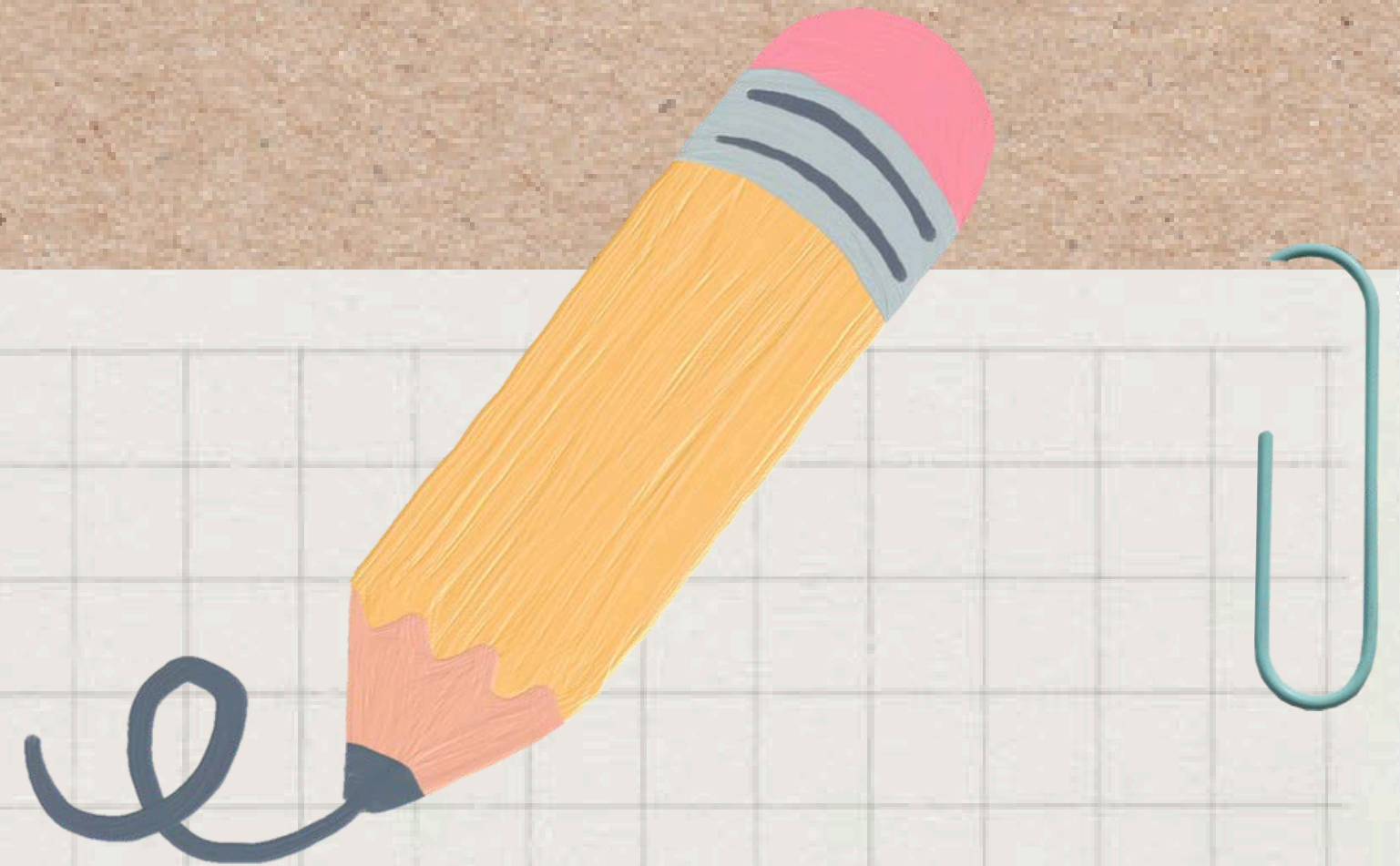
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Symptoms related to migraine/headaches:

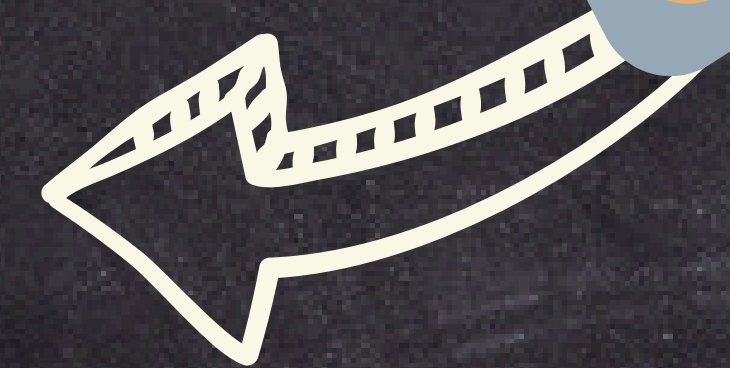
<input type="checkbox"/> Headache	<input type="checkbox"/> Sleep Difficulties
<input type="checkbox"/> Cognitive Difficulties	<input type="checkbox"/> Nausea/ Vomiting
<input type="checkbox"/> Sensitivity to Light	<input type="checkbox"/> Visual Dysfunction
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Sensitivity to Noise
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Foggy

Current Lifestyle Changes to Manage Migraines/Headaches:

<input type="checkbox"/> Less Screen Time	<input type="checkbox"/> FL 41 Tinted Glasses
<input type="checkbox"/> Good Sleep Hygiene	<input type="checkbox"/> Manage Stress
<input type="checkbox"/> Stay Hydrated	<input type="checkbox"/> Fragrance Free
<input type="checkbox"/> Eating Migraine Healthy Meals	
<input type="checkbox"/> Avoid Environmental Sensitivities	
Known Triggers	



**Fillable Healthcare
Plan to make it easier
for you!**



SECTION 504 PROTECTIONS FOR STUDENTS WITH MIGRAINE

Section 504 Protections for Students with Migraine



of the Rehabilitation Act of 1973 is a rights law that protects students from discrimination in schools (including K-12 schools, colleges, universities, and secondary institutions) that receive Federal assistance.

A student with migraine can be a disability for purposes of Section 504 if the condition substantially limits one or more of their major life activities. [34 C.F.R. § 104.33](#)

What is a migraine?

The [National Institute of Neurological Disorders and Stroke](#) defines a migraine as a medical condition characterized by severe headaches, increased sensitivity to light, and other symptoms. Symptoms can also include motor dysfunction, mood changes, fatigue, confusion, and vomiting. Individuals with migraine experience migraine attacks – periods of time when these symptoms are active. The frequency and severity of migraine attacks can vary significantly from person to person. Although triggers can differ among individuals with migraine, they may include lights, sounds, and certain foods.

The Office for Civil Rights (OCR) enforces Section 504 against entities that receive Federal financial assistance from the Department of Education.

In addition to the rights and obligations discussed in this fact sheet, a child with a disability attending a public K-12 school may have additional rights under Section 504 (such as the right to a free appropriate public education (34 C.F.R. § 104.33)) and the Individuals with Disabilities Education Act. Parents also may have additional rights under those statutes and their implementing regulations.

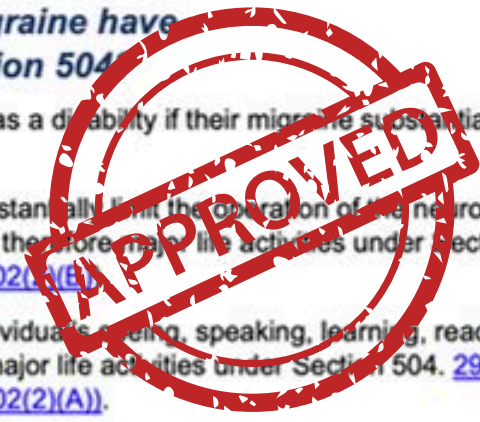
OCR also shares in the enforcement of Title II of the Americans with Disabilities Act (ADA) with the Department of Justice (DOJ), and DOJ enforces Title III of the ADA. Both Title II and Title III can also apply to schools. For more information, see DOJ's ADA home page at www.ada.gov or contact DOJ at 1-800-514-0301, 1-833-610-1264 (TTY).

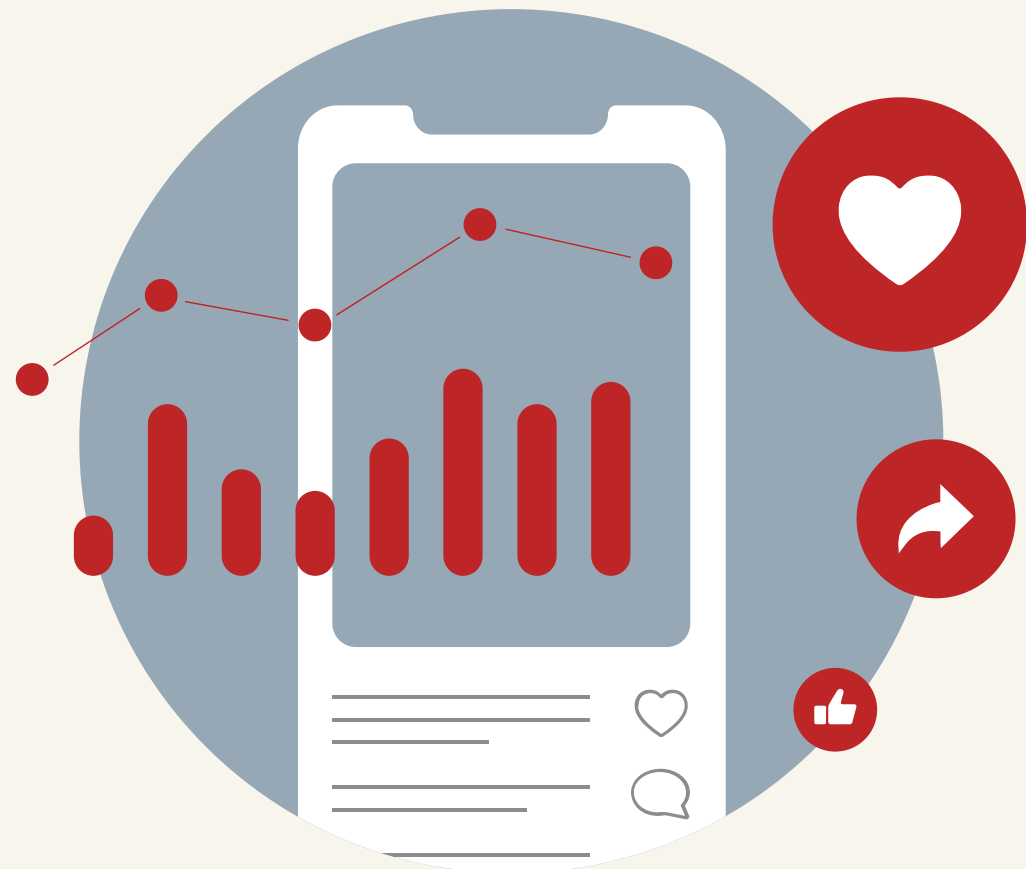
Can a student with migraine have a disability under Section 504?

Yes. A student with migraine has a disability if their migraine substantially limits one or more of their major life activities.

Migraine can, for example, substantially limit the operation of the neurological and brain systems, which are major bodily functions, and therefore major life activities under Section 504. [29 U.S.C. § 705\(20\)\(B\)](#) (incorporating [42 U.S.C. § 12102\(2\)\(B\)](#)).

Migraine can also affect an individual's seeing, speaking, learning, reading, concentrating, thinking, and communicating, which are all major life activities under Section 504. [29 U.S.C. § 705\(20\)\(B\)](#) (incorporating [42 U.S.C. § 12102\(2\)\(A\)](#)).





TRACKING MIGRAINE MATTERS

- Helps identify patterns & triggers (e.g., stress, skipped meals, sleep, screen time)
- Measures treatment effectiveness and supports documentation
- Useful for healthcare visits, school nurses, and 504 plans
- Use our printable migraine diary or apps like Migraine Buddy/Migraine Trainer
- Tracking empowers students and improves support





HOME



SCHOOL

THE GOAL IS TO KEEP THE CHILD IN SCHOOL



WHEN TO SUPPORT A RETURN TO CLASS

Provide school-based support if:

- Symptoms improve with rest, hydration, or medication
- The student wants to try returning to class
- Usual treatment strategies are helping



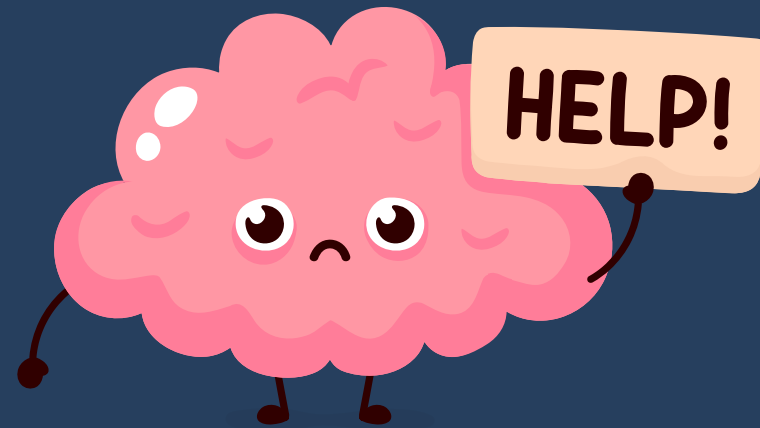
WHEN TO SEND A STUDENT HOME

- Symptoms are severe and not responding to treatment
- Student has vomiting or intense pain
- Health plan or 504 outlines criteria for dismissal



WHEN TO CALL 911

- New or unusual migraine symptoms
- Systemic signs: fever, stiff neck, extreme drowsiness
- Neurological signs: weakness, seizure, confusion, slurred speech, vision changes
- History of stroke or brain tumor



COMMON STUDENT TRIGGERS

For many students, migraine attacks are linked to lifestyle or environmental triggers, which don't cause migraine but can set off an attack.



Everyday habits can contribute to migraine:

- Dehydration – forgetting to drink water
- Skipping meals – especially breakfast
- Lack of sleep – inconsistent bedtimes



Environmental and emotional triggers

- Stress – academic pressure, anxiety, social stress
- Screen time – prolonged use, especially bright/flickering screens

IT'S NOT ALWAYS JUST ONE THING

Stress can impact sleep



Sleep loss can increase screen time



The cycle can make migraine worse

RECOGNIZING TRIGGERS AT SCHOOL

**You may see patterns
others miss**

- Frequent nurse visits after lunch is skipped?
- Attacks after testing, noisy assemblies, or PE?
- Symptoms spike during screen-heavy or brightly lit classes?

WHY IT MATTERS

Your observations can shape support plans

- Help inform healthcare plans and 504s
- Identify environmental changes that support the student
- Small adjustments can make a big impact

SUPPORT HEALTHY ROUTINES AT SCHOOL



Small shifts can make a big impact:

- Allow water bottles to support hydration
- Offer snack breaks or check in on missed meals
- Encourage consistent rest and sleep routines (access to quiet, dim spaces)



SUPPORT EMOTIONAL WELLNESS



○ Help students manage stress:

- Deep breathing, journaling, mindfulness breaks
- • CBT-based tools like reframing thoughts and relaxation techniques can help reduce pain

(CBT can reduce pain and migraine frequency in kids.)

REDUCE ENVIRONMENTAL TRIGGERS

Flexible accommodations make a difference:

- Identify environmental stressors (e.g., noise, lighting, schedules) and adjust accordingly
- Offer breaks from screens or modify screen-heavy assignments



EVERY STUDENT IS DIFFERENT

Migraine looks different for every child and so do their needs. There's no one-size-fits-all plan.



Want ideas?

Download our detailed list of sample accommodations to help guide the process.

A group of diverse children playing together outdoors, smiling and laughing. The children are of various ethnicities and are dressed in casual clothing. They are gathered around a central point, possibly playing a game or a sport. The background is a soft-focus outdoor setting with greenery and trees.

SMALL CHANGES, BIG IMPACT

Simple, personalized supports can reduce migraine attacks and help students stay in school and thrive while promoting wellness for all students.

THE IMPACT OF CHRONIC PAIN ON STUDENTS

Living with migraine can leave students feeling different, frustrated, or ashamed, especially if their pain is dismissed or misunderstood.





PAIN AFFECTS MORE THAN THE BODY

Chronic pain can lead to:

- Missed class time and falling behind
- Anxiety about being believed
- Emotional or social withdrawal

These experiences chip away at self-esteem and confidence.

YOU CAN INTERRUPT THE CYCLE



Validation and support from school staff can change everything. Show students they are believed, capable, and not alone.



ADVOCACYSCRIPT

#1 Finding Help from an Adult You Don't Know

When you need help but you do not know the adult nearby.

- Introduce yourself: "Hi, my name is _____. I'm in ____ grade."
- Explain what's wrong: "I'm not feeling well because _____. I get _____ sometimes."
- Ask for help: "Can you help me get to _____ or call _____ for me?"
- Thank them: "Thank you for helping me!"

Write your script here



TOOLS THAT EMPOWER

Use age-appropriate tools like our advocacy script worksheet.

When students have a voice in their care, they feel more in control AND less alone.

MIGRAINE HALL PASS



PEDIATRIC MIGRAINE ACTION PLAN (PedMAP)



Name	Date of Birth
Treating Provider	Phone
Emergency Contact	Phone
My Diagnosis	
Describe Aura (if any)	



GREEN ZONE – PREVENT MORE MIGRAINE ATTACKS

Do or take this every day to help prevent YOUR migraine:



- Get enough sleep; keep a regular sleep schedule
- Eat healthy foods; don't skip meals
- Drink enough water; avoid caffeine
- Get regular exercise; manage stress
- Learn ways to relax; manage stress

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

YELLOW ZONE – DON'T WAIT. ACT FAST TO TREAT YOUR MIGRAINE ATTACKS

Take your quick-relief medicine as soon as your migraine starts:



- Drink some water or sports drink
- Rest in a dark, quiet place for 15-20 minutes (try relaxation exercises, deep breathing, guided imagery).
- You may need a different PE plan, sunglasses, or a quiet place to v

Other interventions:

Start Date: End Date:

Let your provider know if you need to take your quick relief medicines 3 or more times a day.

TOOLS TO SUPPORT STUDENT SELF-ADVOCACY


We've created easy-to-use resources that help students speak up and get support when they need it:

- **Migraine Hall Pass** - Allows students to leave class discreetly when symptoms start, no explanation needed
- **PedMAP (Pediatric Migraine Action Plan)** - Outlines steps for managing a migraine episode at school

TRUST AND TEACH

Support students by both believing their pain and encouraging resilience.


Avoid dismissive phrases



“You’ll be fine.”

“It’s just a headache.”

Say this instead



“I believe you.”

“What do you need right now?”

“Would it help to take a break or use your hall pass?”



BUILD CONFIDENCE THROUGH ENCOURAGEMENT

Celebrate when students:

- Use their coping tools
- Track symptoms
- Communicate with staff

These small steps build independence and remind students they're not alone.

MAKE SPACE FOR WELLNESS

Students with migraine thrive in a school culture that values both physical and mental health.

Mindfulness, breathing exercises, and body awareness can reduce pain and anxiety and they help all students, not just those with migraine.



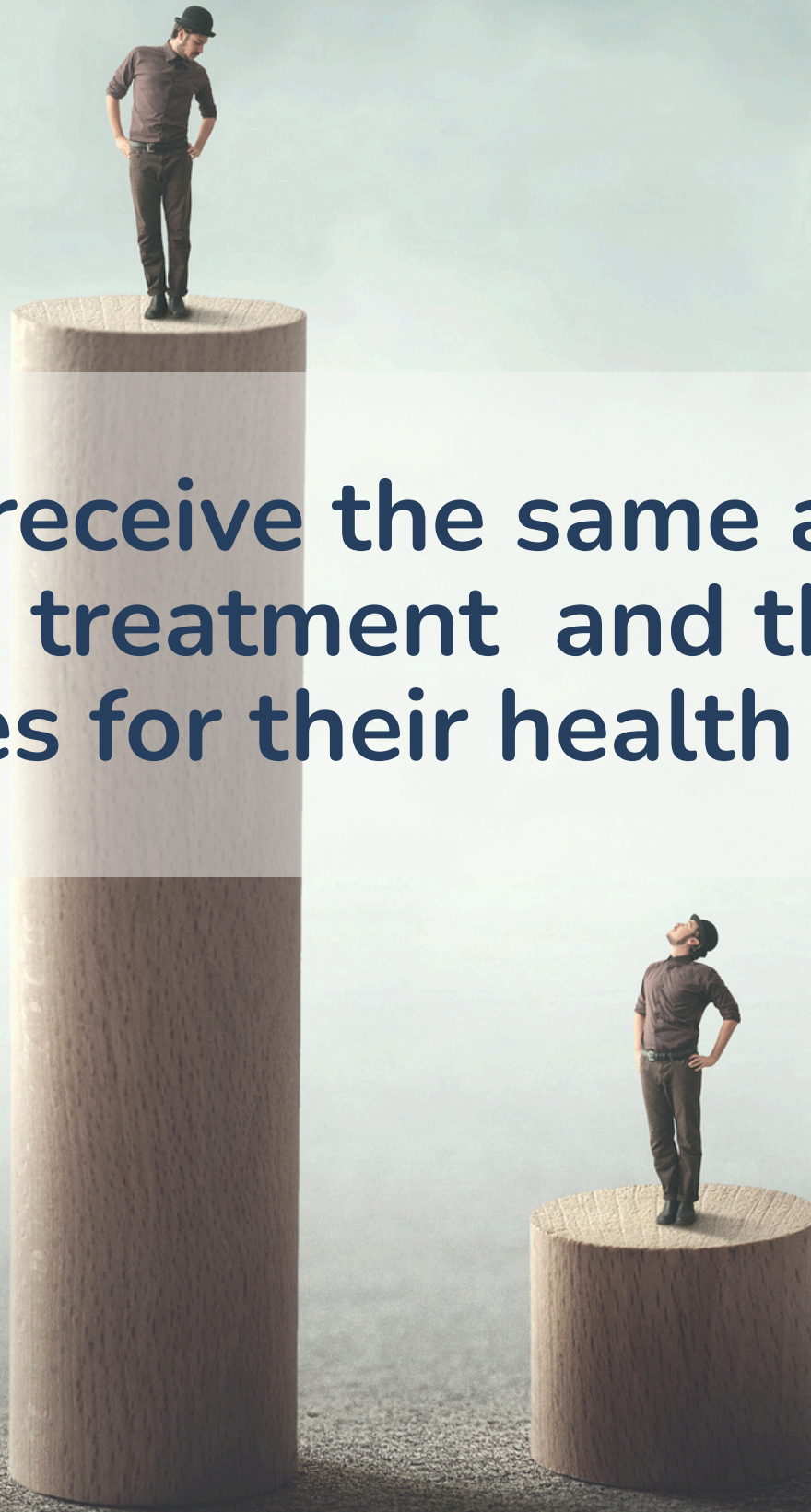
Our Mindfulness for Migraine program offers short, guided videos students can use during the day. Just 2-5 minutes of calm can make a big difference.



migraineatschool.org/lifestyle

UNEQUAL ACCESS TO MIGRAINE CARE

Not all students receive the same access to migraine diagnosis and treatment and that has lasting consequences for their health and learning.



WHO IS MOST AFFECTED?



Research shows that:

- Black, Indigenous, and other students of color are less likely to be diagnosed even with the same symptoms
- Students from lower-income households may face delayed diagnosis, limited access to specialists, and difficulty affording medication





THIS IS A SYSTEMIC ISSUE

These disparities are not about individual choices.

They reflect systemic inequities that shape students' access to care and must be addressed to ensure all students have the chance to thrive.



CULTURAL STIGMA AND UNDERDIAGNOSIS

In many communities, especially Black and Latinx families, pain is often minimized or misunderstood, both by healthcare providers and sometimes within families.

This can lead to students not getting the care they need.

THE IMPACT OF STIGMA

Cultural stigma around mental health and invisible illness can lead to:

- Underreporting of symptoms
- Lack of validation from providers
- Dismissal of pain as “dramatic,” “lazy,” or “emotional”



HEALTHCARE BARRIERS FOR LGBTQIA+ STUDENTS




Queer students often face unique challenges in accessing healthcare, including:


- Fear of being dismissed or misunderstood
- Lack of affirming providers
- Disconnection from supportive family or home environments

WHY IT MATTERS


For LGBTQIA+ youth living with pain, these barriers can lead to:



Delayed or avoided care

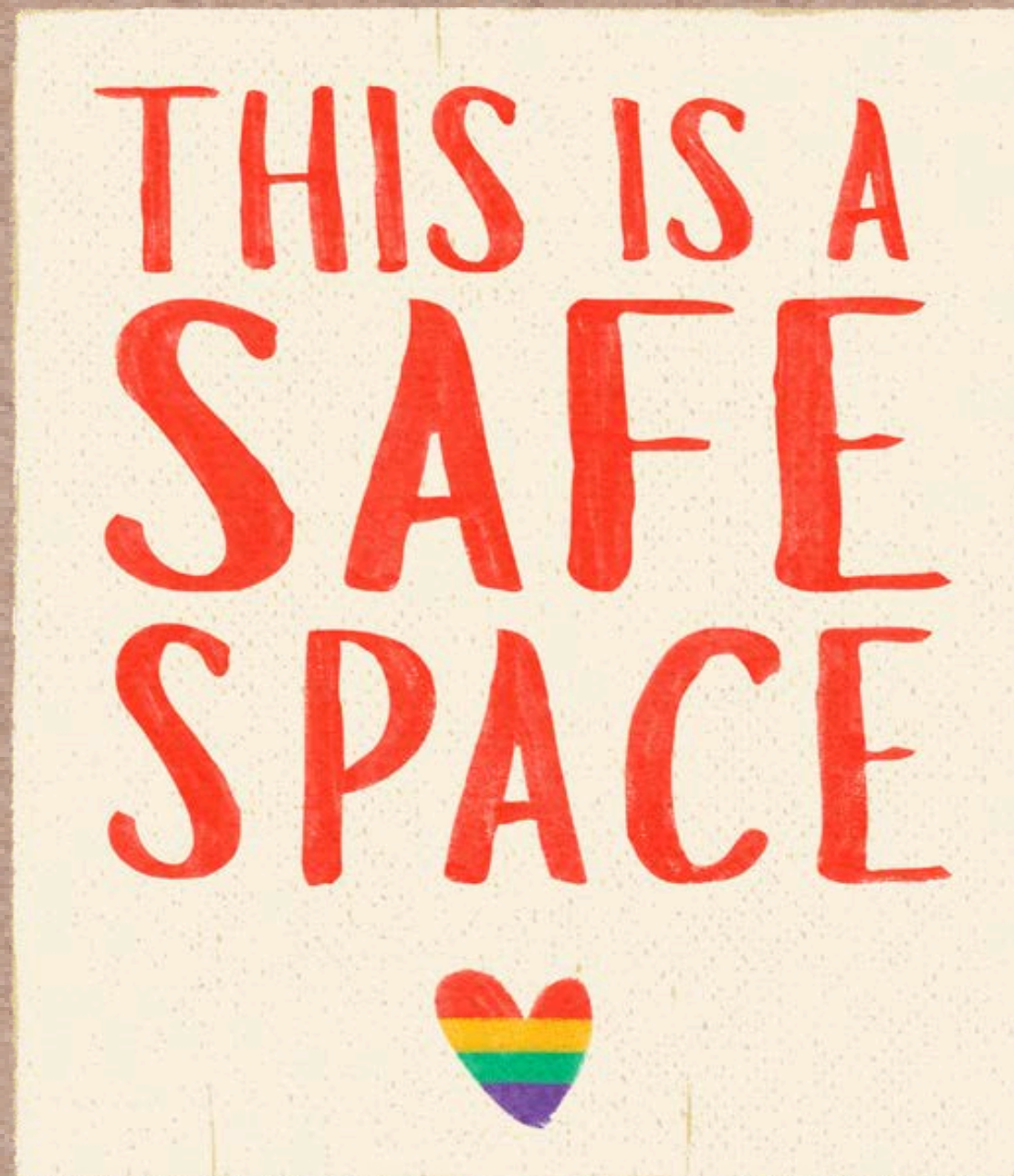


Worsening mental health



Increased feelings of isolation

HOW SCHOOLS CAN BE A SAFE SPACE



Schools have the power to make a difference by:

- Respecting pronouns and identity
- Offering affirming, nonjudgmental health services
- Listening without assumptions
- Connecting students to inclusive resources

SCHOOL AS A HEALTHCARE ACCESS POINT



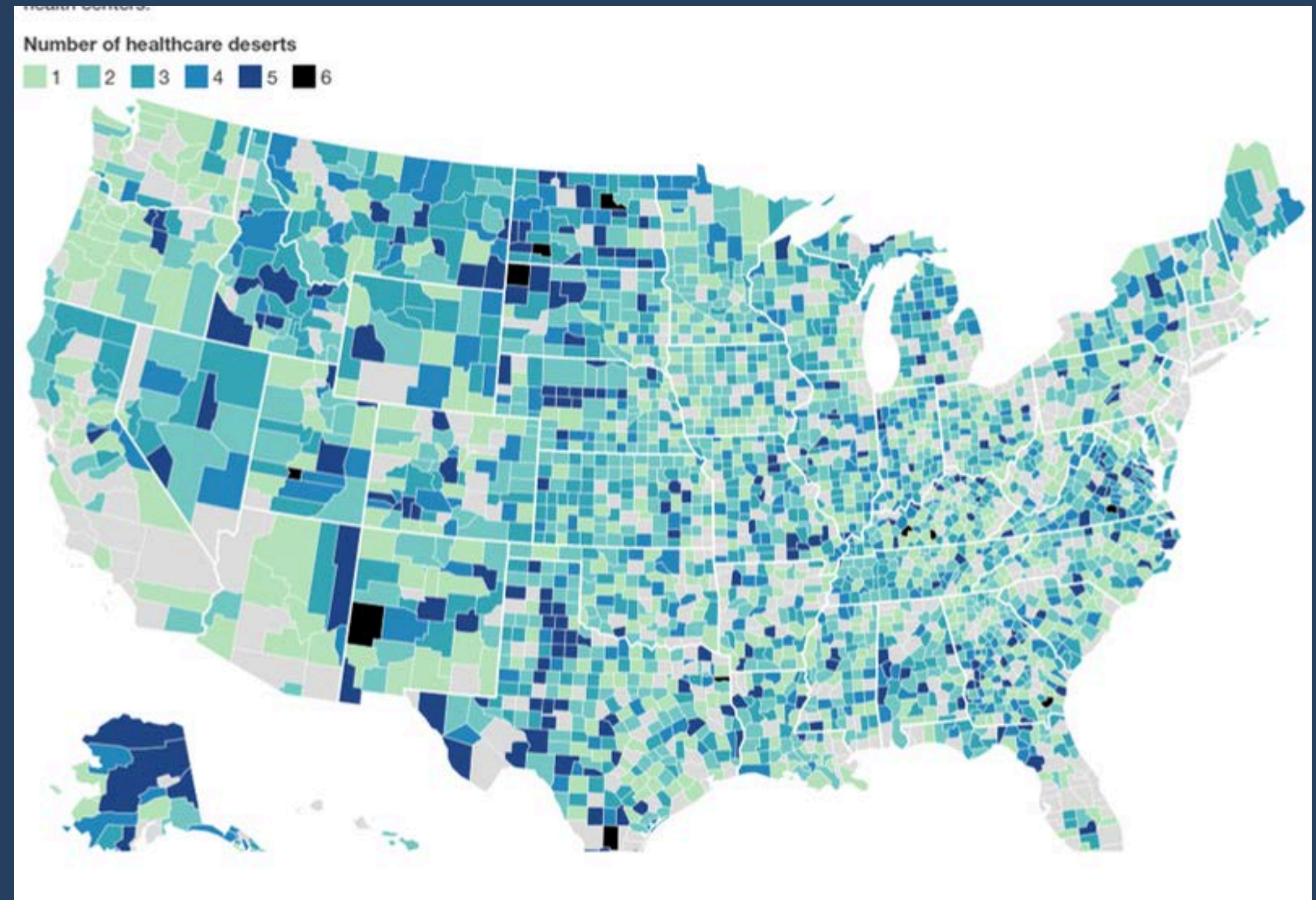
Schools are often the first line of care for students. Many families rely on school nurses for screenings, health information, and care coordination, **especially when they don't have a regular provider.**

LIMITED ACCESS IN RURAL COMMUNITIES

In rural areas, the nearest pediatric neurologist or headache specialist may be hours away.

Families often face:

- Long waitlists
- Transportation barriers
- Limited awareness that migraine is a real, treatable disease





THE IMPACT ON STUDENTS

Students in rural communities may go undiagnosed or undertreated - not because they don't need care, but because it's simply out of reach.



TOOLS DESIGNED FOR SCHOOLS

Our Pediatric Migraine Screener, healthcare plans, and educational handouts are built to fit school settings helping identify unmet needs and start important conversations early.

WHY SCHOOL SUPPORT MATTERS



You may be one of the only adults who sees the full picture. School-based support helps identify needs early and connect students to the care and resources they deserve.

WHAT'S IN THE FREE SCHOOL STARTER KIT?

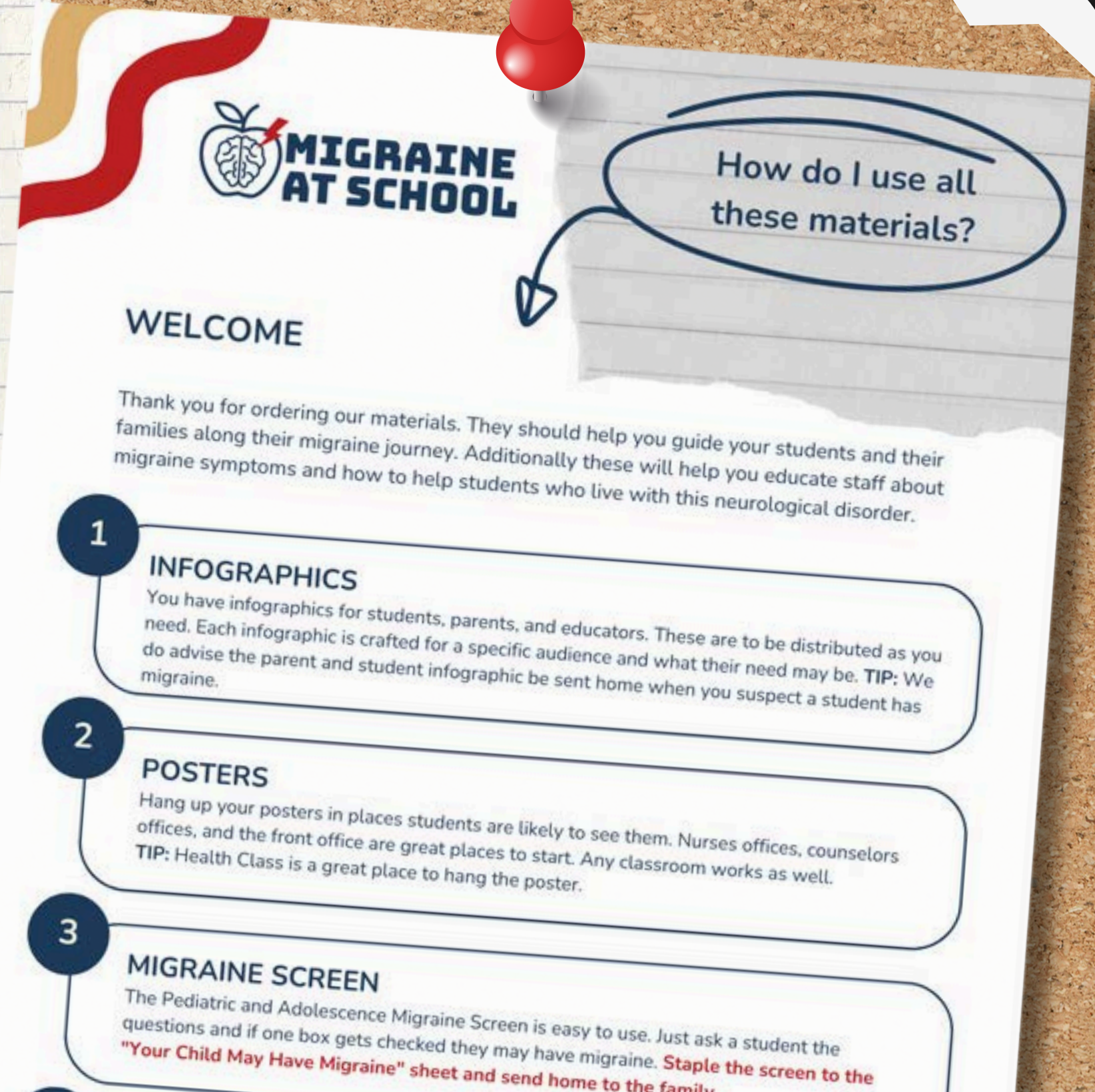

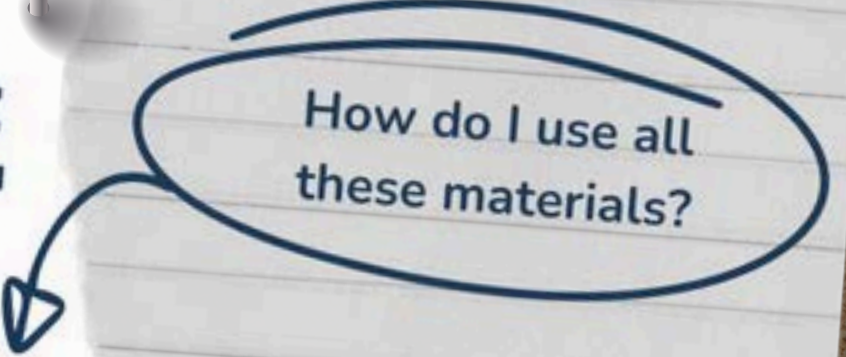

Each Migraine at School Starter Kit includes free tools to help your school support students with migraine



EASY TO USE, READY TO GO

Not sure where to start?
Each kit comes with a simple
“Cheat Sheet” - a quick guide
showing when, where, and how
to use each item.

Everything is designed to
reduce stigma, raise awareness,
and support student health
right in your school.



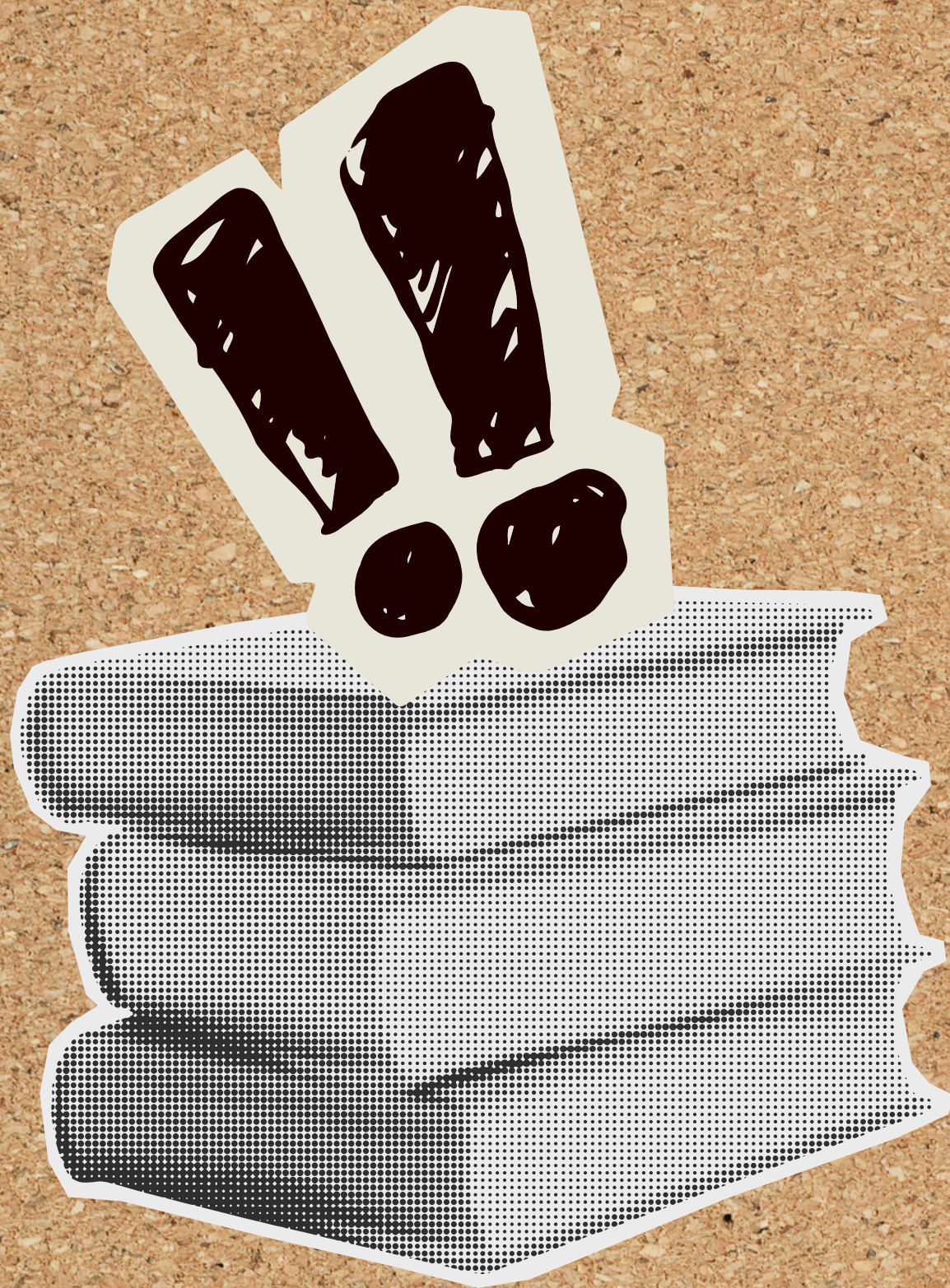
MIGRAINE AT SCHOOL

WELCOME

Thank you for ordering our materials. They should help you guide your students and their families along their migraine journey. Additionally these will help you educate staff about migraine symptoms and how to help students who live with this neurological disorder.

- 1** **INFOGRAPHICS**
You have infographics for students, parents, and educators. These are to be distributed as you need. Each infographic is crafted for a specific audience and what their need may be. **TIP:** We do advise the parent and student infographic be sent home when you suspect a student has migraine.
- 2** **POSTERS**
Hang up your posters in places students are likely to see them. Nurses offices, counselors offices, and the front office are great places to start. Any classroom works as well. **TIP:** Health Class is a great place to hang the poster.
- 3** **MIGRAINE SCREEN**
The Pediatric and Adolescence Migraine Screen is easy to use. Just ask a student the questions and if one box gets checked they may have migraine. **Staple the screen to the "Your Child May Have Migraine" sheet and send home to the family.**

FREE MIGRAINE LESSON PLANS FOR SCHOOLS



Migraine at School offers two age-appropriate, fully scripted lesson plans to help students learn about migraine, reduce stigma, and build empathy.

Both are free to download and require no prep.

MIDDLE & HIGH SCHOOL LESSON PLAN

Grades 6–12 | Health Class
or Wellness Program



- Teaches migraine as a neurological disease
- Covers signs, symptoms, and stigma
- Encourages reflection on how pain impacts learning and mental health



“MIGRAINE AND MIA” ELEMENTARY LESSON PLAN

Grades 1–3 | Story-Based


Follows a young student, Mia, navigating migraine at school

Builds empathy and early awareness


Includes discussion questions and reflection activities for younger learners



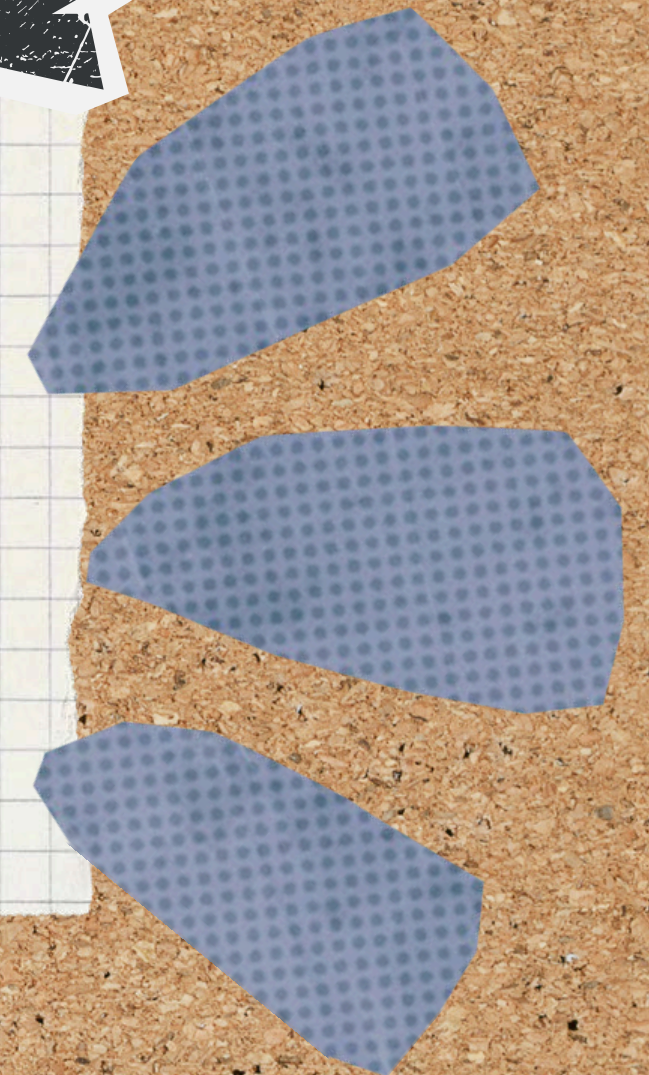
WHY THESE LESSONS MATTER



These lessons help students better understand migraine whether it's affecting them or someone they know.




They promote inclusion, empathy, and mental health awareness in every classroom.




HOW TO ACCESS SUPPORT



EVERY SCHOOL IS
DIFFERENT & WE'RE
HERE TO HELP!



Visit our YouTube
library for short how
to videos and tips.
[@migraineatschool](#)



Need guidance using these
tools? Email us directly.
info@migraineatschool.org



STAY CONNECTED

This isn't a one-time training
it's an ongoing partnership.



Follow @MigraineAtSchool



Join our email list to get:

- New resources
- Upcoming webinars
- Stories from families and educators like you
- Together, we can create schools where students with migraine feel understood and supported.

EARN YOUR CERTIFICATE OF COMPLETION



THIS COURSE OFFERS 1 CE CREDIT

To receive your certificate, **you must complete the evaluation form.**

If you're completing this course as a group, **each participant must fill out their own form.**

Fill it out here:
tinyurl.com/MigraineCE