

CELIAC DISEASE ACTION PLAN

Student
Photo

School _____ Date _____

THIS STUDENT IS BEING TREATED FOR A GLUTEN INTOLERANCE.
THE INFORMATION BELOW WILL ASSIST YOU IF AN EXPOSURE OCCURS DURING SCHOOL HOURS

Student _____ Birthdate _____ Grade/Rm. _____

EMERGENCY CONTACTS:

NAME	RELATIONSHIP	TELEPHONE NUMBER

Treating Physician _____ Telephone _____

Significant Medical History _____

Allergies/ Intolerances _____ (☐ No allergies)

Approximate date of Celiac Disease diagnosis _____

Check the box(es) for the symptom(s) your child experiences with gluten exposure:

- | | | | | |
|---|---------------------------------------|--|--|--|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation | <input type="checkbox"/> Bloating | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Stomachache |
| <input type="checkbox"/> Mouth Sores | <input type="checkbox"/> Weakness | <input type="checkbox"/> Seizures | <input type="checkbox"/> Gassiness | <input type="checkbox"/> Bone Pain |
| <input type="checkbox"/> Low Energy | <input type="checkbox"/> Nausea | <input type="checkbox"/> Muscle Cramps | <input type="checkbox"/> Irritability | <input type="checkbox"/> Behavior Issues |
| <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Belly Cramps | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Hair Loss |
| <input type="checkbox"/> Difficulty Concentrating | <input type="checkbox"/> Other _____ | | | |

Does the student know which foods to avoid? ☐ Yes ☐ No

Will the student bring lunch and snacks from home? ☐ Yes ☐ No

Student may: ☐ Eat *only* what is sent in from home **OR** ☐ Eat foods at school that are pre-approved by student's parent
(please mark *only one* of the above boxes)

AVOIDING GLUTEN EXPOSURE/ CONTAMINATION	AFTER AN ACCIDENTAL EXPOSURE
<ul style="list-style-type: none"> Wipe down shared food surfaces (tables, chairs, benches) Wash hands before eating Inform and train cafeteria staff Keep GF items separate and labeled Serve GF first, with fresh gloves Use designated GF utensils and cookware No lick-to-stick items (i.e. stamps, envelopes) Use only GF art supplies (Play-Dough, glue) If unsure, ask parent or opt out of questionable trigger 	<ul style="list-style-type: none"> Contact student's parent or guardian Wash hands well to avoid continued exposure Observe closely for symptoms Make access to restroom and nurse's office easily available Student may take days to recover

Celiac Disease is an auto-immune process that damages the lining of the intestine in response to exposure to gluten, a protein found in many grains (like wheat, barley, rye, some oats) and some adhesives. While mandatory FDA labeling of food helps, ingredients that comprise <2% of the product don't require reporting and may lead to accidental exposures that aren't readily apparent. Because even a tiny exposure can cause lasting damage, it's important to be vigilant about avoiding cross-contamination.

Parent name: _____

Parent signature: _____

Provider name: _____

Provider signature: _____