

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

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: \_\_\_\_\_