



Lexington-Fayette County Health Department

School Health
650 Newtown Pike
Lexington, KY 40508-1197
(859) 288-2314
(859) 288-2313 Fax

PARENT PACKET – CELIAC DISEASE / GLUTEN INTOLERANCE

Dear Parent/Guardian:

You have informed us that your student has Celiac Disease or gluten intolerance. Enclosed are the forms, which need to be completed by the Parent/Guardian and returned to the School Nurse. This information will help us determine how best to help your student during the school day.

Please send a current picture of your student in order for the student to be easily identified. This information will be distributed to appropriate school personnel on a need-to-know basis and may include bus drivers, substitute teachers, cafeteria staff, and others who work with your student daily.

To help your student, please let us know of any changes in your student's medical condition or emergency daytime phone numbers.

The following need to be returned to the School Nurse.

- Celiac / Gluten Intolerance Healthcare Plan
- Food Services Modification Form

We are looking forward to a great year with your student! Please call the Health Department's School Health Program at 288-2314 if you have any questions.

CELIAC DISEASE / GLUTEN INTOLERANCE HEALTHCARE PLAN

Student's Name: _____ DOB: ____ / ____ / ____

School: _____ Teacher: _____ Grade: _____

Parent/Guardian(s) Name(s): _____

Address/Zip Code: _____

Physician: _____ Phone #: _____

Hospital of Choice: _____

Parent/Guardian 1: – Home: _____ Work: _____ Cell: _____

Parent/Guardian 2: – Home: _____ Work: _____ Cell: _____

Or call Emergency Contact if unable to reach Parent/Guardian:

Name: _____ Phone: _____ Relation: _____

Place
Student's
Picture
Here

*** PARENT/GUARDIAN: PLEASE INDICATE IF YOUR STUDENT HAS ANY ADDITIONAL
FOOD ALLERGIES or other FOOD INTOLERANCES: ☐ No ☐ Yes**

If "YES" please complete an Allergy Packet and return to your School Nurse.

Please check known symptoms your student has had to Gluten exposure:

- | | | |
|---|---|---|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Stomach ache, abdominal cramps, gas |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Seizures | <input type="checkbox"/> Irritability or other behavior changes |
| <input type="checkbox"/> Bone pain | <input type="checkbox"/> Mouth sores | <input type="checkbox"/> Numbness or tingling in legs |
| <input type="checkbox"/> Low energy | <input type="checkbox"/> Weakness | <input type="checkbox"/> Hair loss, lack of hair growth |
| <input type="checkbox"/> Muscle cramps | <input type="checkbox"/> Protruding abdomen | <input type="checkbox"/> Weight loss, not gaining weight |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Nausea | <input type="checkbox"/> Missed menstrual cycle |

Date of student's diagnosis of Celiac Disease / Gluten Intolerance? ____ / ____ / ____

Date of student's last Gluten-induced episode? ____ / ____ / ____

Will you be sending lunch and snack to school with your student each day? ☐ Yes ☐ NoDoes your student know unsafe foods and ingredients to avoid? ☐ Yes ☐ No

Do you see a healthcare provider for management of Celiac Disease / Gluten Intolerance? ☐ Yes ☐ No

Healthcare provider's name: _____ Phone: _____

Do you see a Dietician/Nutritionist for management of Celiac Disease / Gluten Intolerance? ☐ Yes ☐ No

Dietician/Nutritionist name: _____ Phone: _____

Can the school send a letter home notifying parents of students in the classroom about your student's Celiac disease to decrease the chances of Gluten-containing foods being brought to school? ☐ Yes ☐ No

How do you manage your student's Celiac Disease / Gluten Intolerance at home? (Diet restrictions, etc.)

Additional comments: _____

COPY TO: ☐ School Nurse

☐ Teacher

☐ Cafeteria Manager

Food Service Modification Form

This form must be completed and signed by a Physician if your student requires a dietary restriction.

(i.e. no peanut butter, no strawberries, etc.) **OR** a food substitute (i.e. allergic to cow's milk – substitute soy milk).

This also pertains to other dietary accommodations (i.e. pureed foods, thickened liquid, etc.)

This form must be completed and signed by the student's Physician to **reverse a previous accommodation** (i.e. "Student no longer restricted on strawberries – Please lift restriction," "Student no longer requires pureed foods – Please lift restriction" etc.) Once the form is on file, it will remain valid until a new form is presented.

PART A			
Name of Student: _____		Date of Birth: ____/____/____	
Allergies: _____		Is this Allergy Anaphylactic? YES NO	
Current School: _____	Grade: _____	Classroom: _____	
Does student have a Disability/Special Need? Describe the major life activities affected. _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does student have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed Physician.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PART B			
List any dietary restrictions/allergies or special diet: _____			
Food(s) to OMIT : <input type="checkbox"/> Fluid Milk <input type="checkbox"/> Cheese <input type="checkbox"/> Yogurt <input type="checkbox"/> Foods/recipes with milk or milk products as an ingredient			
<input type="checkbox"/> Whole eggs (scrambled, hard boiled) <input type="checkbox"/> Food/recipes with any egg listed as an ingredient <input type="checkbox"/> Wheat/Gluten			
<input type="checkbox"/> Oats <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Whole corn (corn kernel, tortilla chips, corn muffin, popcorn)			
<input type="checkbox"/> NO foods/recipes with corn listed as an ingredient (corn syrup, cornstarch, etc.) <input type="checkbox"/> Shellfish <input type="checkbox"/> Fish			
<input type="checkbox"/> Other: _____ For nutrition/ingredients for FCPS meals: www.fayette.nutrislice.com			
<input type="checkbox"/> List any foods to avoid for religious reason ** <input type="checkbox"/> Pork <input type="checkbox"/> Gelatin** <small>Religious reason does not require Physician Signature</small>			
<input type="checkbox"/> Food Intolerance: _____ <input type="checkbox"/> Avoid Red Dye <input type="checkbox"/> Avoid Lactose			
List foods to be substituted: _____			
<input type="checkbox"/> NO Substitutes required Please Substitute with <input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy Free <input type="checkbox"/> Sun butter			
Texture Modification:	Liquids:	Solids:	
	<input type="checkbox"/> Thin (Regular liquids)	<input type="checkbox"/> Large foods cut into bite size	
	<input type="checkbox"/> Nectar Thick	<input type="checkbox"/> Mechanical Soft (chopped)	
	<input type="checkbox"/> Honey Thick	<input type="checkbox"/> Mechanical Soft (ground)	
	<input type="checkbox"/> Pudding Thick	<input type="checkbox"/> Pureed (Applesauce texture)	
List any special equipment or utensils that are needed: _____			
Indicate any other comments about student's eating or feeding patterns: _____			
Which meals will your student eat from the Cafeteria? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> None (will bring from home)			
Parent/Guardian's Signature: _____		Date: ____/____/____	
Physician's Signature: _____		Date: ____/____/____	

ROLES IN THE MANAGEMENT OF STUDENTS WITH CELIAC DISEASE / GLUTEN INTOLERANCE

PARENT/GUARDIAN'S RESPONSIBILITIES

- Notify the school of the student's Celiac Disease / Gluten Intolerance prior to the start of the school year OR as soon as possible after a new diagnosis
- Fill out and return the packet sent in the mail or sent home
- Provide a list of products and/or ingredients to avoid
- Work with the school team to develop a plan that accommodates the student's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus
- Attach a current photograph of your student to the forms sent to you
- Educate the student in the self-management of their Celiac Disease / Gluten Intolerance including:
 - * Safe and unsafe products
 - * Strategies for avoiding exposure to Gluten
 - * Symptoms of reactions to Gluten exposure
 - * How and when to tell an adult they may be having a Gluten-tolerance related problem
 - * How to read food labels when applicable (age appropriate)
- Review policies/procedures with the school staff, the student's physician, and the student (if age appropriate) after a reaction has occurred.
- Provide emergency contact information and notify school immediately if information changes!
- Provide the School Nurse with a Physician's Statement if student no longer has Celiac Disease / Gluten Intolerance.
- Leave a bag of "Safe Snacks" in your student's classroom so there is always something your student can choose from during an unplanned special event

SCHOOL'S RESPONSIBILITY

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA.
- Review the health records submitted by Parent/Guardian(s) and Physicians.
- Include students with Celiac Disease / Gluten Intolerance in school activities; students should not be excluded from school activities solely based on their Gluten intolerance.
- If it will not negatively impact their academic progress, consider clustering students with Celiac Disease / Gluten Intolerance in the same classroom to promote peer support and avoidance of Gluten.
- Assure that all staff who interact with the student on a regular basis work with other school staff to eliminate the use of Gluten in the Gluten intolerant student's meal, educational tools, arts and crafts projects, or incentives.
- Review policies/prevention plan with the core team members, Parents/Guardians, student (age appropriate), and Physician after a reaction has occurred.
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Take threats or harassment against an Gluten intolerant student seriously
- Discuss field trips with the family and students with Gluten intolerance to decide appropriate strategies for managing the intolerance.

RESPONSIBILITIES OF THE CLASSROOM TEACHER

- Participate in in-service training offered by the School Nurse that addresses the student with Celiac Disease / Gluten Intolerance.
- Be sure volunteers, student teachers, aides, specialists and substitute teachers are informed of the student's Celiac Disease / Gluten Intolerance and necessary safeguards.
 - Leave information in an organized, prominent, and accessible format for substitute teachers
- Educate classmates to avoid endangering, isolating, stigmatizing, or harassing students with Celiac Disease / Gluten Intolerance; be aware how the student with Celiac Disease / Gluten Intolerance is being treated; enforce school rules about bullying and threats.
- Inform parents of any school events where food will be served if a student has Celiac Disease / Gluten Intolerance
- Never question or hesitate to act if a student reports signs of a reaction to Gluten.
- Use stickers, pencils, or other Gluten-free non-food items as rewards instead of food to decrease the risk of reactions.

CLASSROOM TEACHER - FIELD TRIPS

- Notify the School Nurse two weeks prior to a scheduled field trip and include date, time and location.
- Ensure that a functioning cell phone or other communication device is taken on field trip.
- Review plans for field trips – avoid high-risk places.
- The student's safety or attendance must not be conditioned on the Parent/Guardian's presence. Parent/Guardian must complete a background check prior to field trip in compliance with Fayette County Public School Policy.
- Consider ways to wash hands before and after eating and cross-contamination in cases of Celiac Disease / Gluten Intolerance.

CAFETERIA RESPONSIBILITIES

- Read all food labels and recheck routinely for potential Gluten.
- Train all food service staff and their substitutes to read product food labels and recognize Gluten-containing ingredients
- Review and follow sound food handling practices to avoid cross contamination with potential Gluten exposure.
- Be aware of which students have Celiac Disease / Gluten Intolerance.

SCHOOL NURSE RESPONSIBILITIES

- ☐ Prior to entry into school or immediately after diagnosis ensure Celiac Disease / Gluten Intolerance packet received from Parent/Guardian.
- As soon as possible, notify all staff who come in contact with the student with Celiac Disease / Gluten Intolerance - including Principal, Teachers, Specialists, Food Service personnel, Aids, PE Teacher, Bus Driver, etc.
- Place the health condition in Infinite Campus

STUDENT'S RESPONSIBILITIES

- Should not trade food with others if has Celiac Disease / Gluten Intolerance.
- Should not eat anything with unknown ingredients or known to contain any Gluten if has Celiac Disease / Gluten Intolerance.
- Should be proactive in the care and management of their Celiac Disease / Gluten Intolerance and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain Gluten.
- Wash hands before and after eating if has Celiac Disease / Gluten Intolerance.
- Learn to recognize symptoms of a reaction to Gluten exposure.

It is important that children take on more responsibility for their Celiac Disease / Gluten Intolerance as they grow older and are developmentally ready. Consider teaching them to:

- 1. Communicate the level of severity of their Gluten intolerance.**
- 2. Communicate symptoms as they appear.**
- 3. Read labels as applicable.**