

**Health Care and Emergency Plan for School
Celiac Disease/Gluten Intolerance**

Student Name:		Date of Birth:	
School:	Grade:	Date of Plan:	School Year:

DEFINITION: Celiac Disease (also called "Gluten Intolerance") is an autoimmune disease caused by the body's inability to digest gluten. Gluten is the protein found in WHEAT, RYE, BARLEY, SPELT & most OATS. Even small amounts of gluten act like a TOXIN to a person with Celiac Disease, triggering the body to attack itself in the small intestines.

TREATMENT: THE ONLY TREATMENT IS STRICT ADHERENCE TO A GLUTEN-FREE DIET.

HOW DO YOU KNOW WHAT FOODS ARE GLUTEN-FREE? Some EXAMPLES of foods which **need to be substituted** for gluten free versions include breads, cereal, breakfast bars, donuts, muffins, pasta/ noodles, cake, cookies, crackers, pretzels, breaded meats, soups, & pizza. The main starchy foods that a person with Celiac Disease **can eat** are made with Rice, Corn, Potatoes, Soy, Quinoa, and Tapioca. Other starches that can be used are buckwheat, bean flours, & Amaranth. Most people with Celiac Disease may eat any plain fruits & vegetables, nuts, dairy products and meats *that are not prepared with gluten containing ingredients*.

AVOID CROSS-CONTAMINATION - A CRITICAL PART OF MANAGING CELIAC DISEASE IS TO ASSURE FOODS AND SURFACES REMAIN GLUTEN FREE DURING FOOD PREPARATION & SERVING & DURING CLASSROOM PROJECTS. PLEASE DEVELOP THESE HABITS:

CLASSROOM: Avoid ingestion of art supplies - paints, play-dough & licking stamps & envelopes that may contain gluten. Use gluten-free paints and play-dough if possible – include other children at the same table.

Wash tables after art projects or eating in classroom to reduce amount of gluten in classroom. All children need to wash hands after art projects or eating in classroom to reduce gluten in classroom.

Have the person with Celiac Disease wash their hands prior to eating. Younger children may need assistance to remove gluten from hands - nail brush may help. Parents should provide appropriate snacks and treats to the classroom for parties and other activities.

CAFETERIA: Wash eating surface and chairs prior to meals to free of gluten particles – between lunch groups in cafeteria. Provide person w/ Celiac disease adequate eating space to avoid cross-contamination from others. Supervise other children who may cross-contaminate the eating area or utensils during the meal. Use fresh serving utensils or fresh gloves to serve gluten-free foods 1st, & then serve the gluten-filled foods. Avoid touching plates with utensils while serving food. Keep separate containers designated as GF for butter/peanut butter/jelly/cream cheese/mayo & frosting. Use a separate cutting board/work surface for food preparation. Have a designated gluten-free toaster too. Use separate pan, water and utensils for cooking.

ACCIDENTAL EXPOSURE: Currently there is no medicine or remedy for accidentally ingesting Gluten.

Unlike a food allergy, exposure to gluten for a person with Celiac Disease may or may not have visible or outward symptoms. The degree of reaction can vary with the amount consumed. The reaction can vary between being as severe as diarrhea, vomiting, & behavior changes or seizures to having outward visible symptoms. It can take days for the healing to occur in the intestines and symptoms to resolve in the intestines from even a small, accidental gluten exposure.

Please note: Whether or not there are visible symptoms when gluten is ingested, intermittent exposure to gluten can cause inflammation and damage to the intestines

SYMPTOMS: Diarrhea Being lethargic/low energy Vomiting Loss of appetite Constipation Flatulence Irritability or other Behavior changes
Tummy pain, abdominal cramps, nausea Hair loss

PARENT

I consent for school personnel to take action for the safety and welfare of my child. I give permission for the school nurse to communicate the information, in this health plan, with school personnel, emergency medical personnel, and other school-related personnel or volunteers responsible for the care of my child. I give permission for the medical provider and the district nurse to have two-way communication about my student and my signature authorizes the medical provider to review, modify, and sign this plan. I understand that it is my responsibility to notify the school nurse to update the information in this plan as needed.

Parent Signature: _____ Date: _____

PHYSICIAN

I agree with this school health plan for the above named student with Celiac Disease/Gluten Intolerance.

Physician Signature: _____ Date: _____

Physician Name/Clinic: _____ Telephone: _____

Medical Statement to Request Special Meals, Accommodations, Milk Substitutions

1. Site Name (School/Sponsor):	2. Name of Parent/Guardian	3. Telephone Number	
4. Name of Child *		5. Date of Birth	
6. State the medical condition requiring accommodation.			
This section <u>must be completed by a licensed medical authority</u> . Refer to the reverse side of this page for definitions.			
7. Does the medical condition affect major life activities or major bodily functions? Select one of the following. *			
<input type="checkbox"/> Yes, this condition affects major life activities or major bodily functions and qualifies as a disability.			
<input type="checkbox"/> No, this condition does not affect major life activities or major bodily functions and does not qualify as a disability.			
<i>According to the ADA the term 'disability' means, with regards to an individual: a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. The USDA has adopted this definition of a disability in child nutrition programs.</i>			
8. Provide a brief description of the major life activity or bodily function affected by the disability. *			
Consuming foods to be omitted may result in:			
<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Itching <input type="checkbox"/> Swelling <input type="checkbox"/> Rash <input type="checkbox"/> Wheezing/Coughing <input type="checkbox"/> Choking			
<input type="checkbox"/> Other:			
9. Describe diet prescription and/or accommodation. Must include specific foods to be omitted and substituted. *			
Foods and/or beverages to be omitted:*		Foods and/or beverages to be substituted:*	
10. Modified texture (if applicable): <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Puree			
11. Adaptive Equipment Needed (if applicable):			
12. Signature of Medical Authority & Credentials*	13. Printed Name*	14. Telephone Number	15. Date*
I give permission for the institution's personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate institution staff and to follow the prescribed diet order for my child's meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by institution personnel.			
Signature of parent or guardian:		Date:	

***Required**

Utah State Board of Education

Child Nutrition Programs

Revised 9/18

This institution is an equal opportunity provider.

ADA Compliant 10/31/2018

Medical Statement to Request Special Meals, Accommodations, Milk Substitutions

A licensed medical authority is defined as an individual who has the authority to write a medical prescription. In Utah, this includes:

- Medical Doctor (MD)
- Advance Practice Registered Nurses (APRN)
- Physician's Assistant (PA)
- Naturopathic Physicians (ND or NMD)
- Osteopathic Physicians (DO)

Definition of Disability

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) A Person with a Disability is defined as: any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or Mental Impairment-(a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major Life Activities-functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Major Bodily Functions- functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions

Record of Impairment-having a history of or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability, are still considered to have a disability and require an accommodation.

USDA Guidelines for Accommodating Special Dietary Needs

Disability-Institutions and agencies participating in federal nutrition programs must comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Non-disability-Institutions and agencies participating in federal nutrition programs may comply with requests for non-disabling medical conditions.

Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition for other participants must be accommodated.

Fluid Milk Substitutions-Fluid milk substitutions apply to non-disability requests. Institutions and agencies participating in the federal nutrition program may accommodate complete requests with a USDA approved non-milk equivalent. If accommodations are made for one child requesting a fluid milk substitute, accommodations must be made for all children requesting a fluid milk substitute.

School/sponsor internal use only

- Marked as disability or treating as disability (Required to accommodate request.)
- Not marked as disability
 - School/sponsor is accommodating request
 - School/sponsor is not accommodating request

Signature/Date: