Our Mission
To achieve educational excellence and to inspire a life-long passion for learning.

ALEXANDRIA
Public Schools

Our Vision
To be an extraordinary school district that tailors learning for each child, by working together!

Celiac Disease/Gluten Intolerance

Student's Name:	**Date of birth:**	**School:**
Parent/Guardian 1:	**Cell #:**	**Work :**
Parent/Guardian 2:	**Cell #:**	**Work :**

Emergency Contact if unable to reach Parent/Guardian:

Name:	**Phone #:**	**Relationship:**

Parent/Guardian: Please indicate whether your student has any additional food allergies or other food intolerances:

☐ No ☐ Yes

If "Yes," please complete an Allergy Packet and return it to your School Health Office

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

- ☐ Diarrhea
- ☐ Constipation
- ☐ Bone pain
- ☐ Low energy
- ☐ Muscle cramps
- ☐ Loss of appetite
- ☐ Vomiting
- ☐ Seizures
- ☐ Mouth sores
- ☐ Weaknesses
- ☐ Protruding abdomen
- ☐ Nausea
- ☐ Stomachache, abdominal cramps, gas
- ☐ Irritability or other behavior changes
- ☐ Numbness or tingling in the legs
- ☐ Hair loss, lack of hair growth
- ☐ Weight loss, not gaining weight
- ☐ 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 snacks to school with your student each day? ☐ Yes ☐ No

Have you filled out the Food Service Paperwork for gluten-free meals? ☐ Yes ☐ No

Does your student know unsafe foods and ingredients to avoid? ☐ Yes ☐ No

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: _____

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_____ _____

Parent/Guardian Signature Date