

MODEL VOLUNTARY PARENT-DESIGNATED ADULT NOTICE OF INTENT

Washington State requires public school districts to address the medical needs of students with diabetes. The school district uses this document to certify that a person intends to serve or continue to serve as a volunteer parent-designated adult pursuant to Chapter 350, Laws of 2002 which added sections to RCW 28A.210.

For the purposes of this form, "parent-designated adult" means: a volunteer, who may be a school district employee, who receives additional training from a healthcare professional or expert in diabetic care selected by the parents, and who provides care, if needed, for the child consistent with the individual health plan. The "additional training" is for care that would otherwise be performed by a health professional licensed under RCW 18.79. A parent-designated adult, acting in good faith and in substantial compliance with the student's individual health plan and the instructions of the student's licensed healthcare professional, that provides assistance, or services shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided to a student with diabetes.

Information

Name: _____ Birthdate: _____

Address: _____ Phone: _____

Alternate Phone: _____

Statement of Intent

I, (_____ , certify that I voluntarily will serve or continue to serve as a
(Name)

parent-designated adult for _____ and will provide diabetes related healthcare
(Student's Name)

to the best of my ability, consistent with the student's individual health plan. I further certify that:

_____ I have had the individual health plan training provided by the district.

_____ I have completed training comparable to the district-provided training necessary to act as a parent-designated adult.

_____ I have completed additional training for the additional care that I am authorized by the parent to provide prior to any acts that I perform as a parent-designated adult.

(Additional language if PDA is a school employee: As a school district employee, I understand that I am not required to serve as a PDA, but choose to do so voluntarily. I have not been coerced by my employer to sign and file this Notice of Intent and I understand that my refusal to do so cannot be a basis for disciplinary action.)

Signature

Date

MODEL DESIGNATION OF A PARENT-DESIGNATED ADULT

Washington State requires public school districts to address the medical needs of students with diabetes. Pursuant to Chapter 350, Laws of 2002, which added sections to RCW 28A.210, the school district uses this document to allow the parent to designate a parent-designated adult who can provide care, if needed, for a student with diabetes.

For purposes of this form, "parent-designated adult" means: a volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents, and who provides care, if needed, for the child consistent with the individual health plan. The "additional training" is for care that would otherwise be performed by a health professional licensed under RCW 18.79.

By law, a school district, school district employee, agent, or a parent-designated adult, acting in good faith and in substantial compliance with the student's individual health plan and the instructions of the student's licensed health care professional, that provides assistance or services shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided to my child with diabetes.

Information

Name of Child: _____ Birthdate: _____

Address: _____ Phone: _____

School Year: _____ School: _____ M/F: _____

Name of PDA: _____ Birthdate: _____

Address: _____ Phone: _____

Alternate Phone: _____ Relationship to Child: _____

Grant of Permission

As a parent or guardian of _____, a child with diabetes, I hereby acknowledge
(Student's Name)

that I have read and understand this form and agree to the following:

I hereby authorize _____, to be a Parent-Designated Adult
(Parent-Designated Adult's Name)

(PDA) for the above named student and empower him/her to provide diabetes related health care to my child.

I further agree that if the PDA is not a district employee and does not participate in the district individual health plan training, I will arrange for the PDA to receive comparable training. I further agree to arrange for the PDA to receive additional training for the additional care I authorize the PDA to provide, including:

Signature of Parent/Guardian Date Work Phone Home Phone

PLEASE SIGN AND RETURN THIS FORM TO YOUR SCHOOL OFFICE.

If no form is on file, it will be assumed that permission for a PDA

has not been granted and there will be no Parent-Designated Adult designated for your child.