



### VOLUNTARY PARENT DESIGNATED ADULT NOTICE OF INTENT (Non-School Employee)

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 purpose of this form, "parent-designated adult" means: a volunteer over 18 years of age, 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. 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 a students with diabetes. The designated licensed professional is not responsible for the supervision of the PDA for those procedures that cannot be delegated and are authorized by the parent for the PDA to provide.

#### Information

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alternate # \_\_\_\_\_

#### Statement of Intent

I, \_\_\_\_\_, certify that I voluntarily will serve or continue to serve  
(Print Adult's Name)  
as a parent-designated adult for \_\_\_\_\_ and will provide diabetes  
(Print Student's Name)  
related health care 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.  
Person providing training \_\_\_\_\_  
Signature Title

\_\_\_\_\_ I have completed training comparable to the district provided training necessary to  
act as a parent-designated adult. (General overview of diabetes including signs and  
symptoms and emergency care)  
Person providing training \_\_\_\_\_  
Signature Title

\_\_\_\_\_ I have completed additional training as listed below, 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.

\_\_\_\_\_ Hands on training in injection of insulin, reading diabetic pen, pump and  
insulin syringe.

\_\_\_\_\_ Hands on training in glucometer use and reading.

\_\_\_\_\_ Hands on training in glucagon emergency kit use and injection.

Person providing training: \_\_\_\_\_  
Signature Printed Name Title

Parent-Designated Adult: \_\_\_\_\_  
Signature Date