

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 (PDA) 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. The PDA 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 care 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, shall not be liable in any criminal action or for civil damages for the services provided to the 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 that I
(Student's Name)
 have read and understand this form and agree to the following:

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

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 Diabetes Education Training, I will arrange for the PDA to receive comparable training. I further agree to arrange for the PDA to receive in-depth training for the additional care I authorize the PDA to provide. Prior to the PDA providing care to my child, I will provide you with signed documentation from an M.D., D.O., A.R.N.P., or C.D.E. that the training was provided.

(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.