

**DIABETES TRAINING DOCUMENTATION
FOR CARE THAT WOULD OTHERWISE BE
PERFORMED BY A HEALTH PROFESSIONAL
LICENSED UNDER RCW 18.79**

I, _____, a Health Care Professional or
Certificated Diabetic Instructor, as selected by the parents.

have trained _____, the Parent-Designated Adult
(PDA), in the following procedures:

- _____ Blood glucose monitoring
- _____ Insulin Injections
- _____ Glucagon Injections

Signature: _____ Date: _____