

## Designation of A Parent-Designated Adult (Parent Form)

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 community member or a school district employee receiving 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 a student with diabetes.

### Information

Student Name \_\_\_\_\_ M/F \_\_\_\_\_ Birth date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 School \_\_\_\_\_ School Year \_\_\_\_\_  
 PDA Name \_\_\_\_\_ Birth date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_

### Grant of Permission

As a parent or guardian of \_\_\_\_\_, a child with diabetes, I hereby  
(Name of Student)

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

I hereby authorize \_\_\_\_\_ to be a parent-designated adult (PDA)  
(Name of 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 also agree to arrange for the PDA to receive additional training for the additional care I authorize the PDA to provide, including:

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Signature of Parent/Guardian

Date

Work/Cell 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 for your child.