

FERNDALE SCHOOL DISTRICT NO. 502
Ferndale, WA 98248

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 RCW28A.210, the Ferndale 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, and who provides care, if needed, for the student consistent with the individual health care 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 care plan and the instructions of the student's licensed health care provider, 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: _____ Male Female

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
(Student's Name)
acknowledge that I have read and understand this form and agree to the following:

I hereby authorize _____, to be a Parent-Designated Adult (PDA) for the
(PDA 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 individual health care 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 or 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.