

FERNDAL SCHOOL DISTRICT NO. 502  
Ferndale, WA 98248

**MODEL VOLUNTARY PARENT-DESIGNATED ADULT NOTICE OF INTENT**

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 purposes of this form, "parent-designated adult" means: a volunteer, who may be a school district employee, who receives additional training from a healthcare 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 healthcare 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**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**Statement of Intent**

I, ( \_\_\_\_\_ , certify that I voluntarily will serve or continue to serve as a  
(Name)

parent-designated adult for \_\_\_\_\_ and will provide diabetes related healthcare  
(Student's Name)

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.

\_\_\_\_\_ I have completed training comparable to the district-provided training necessary to act as a parent-designated adult.

\_\_\_\_\_ I have completed additional training 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.

**(Additional language if PDA is a school employee:** As a school district employee, I understand that I am not required to serve as a PDA, but choose to do so voluntarily. I have not been coerced by my employer to sign and file this Notice of Intent and I understand that my refusal to do so cannot be a basis for disciplinary action.)

Signature \_\_\_\_\_ Date \_\_\_\_\_