

Voluntary Parent-Designated Adult Notice of Intent

Information

Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Statement of Intent

I, (Name) _____, certify that I voluntarily will serve or continue to serve as a Parent-Designated Adult for (Student's Name) _____ and will provide specific diabetes related healthcare to the best of my ability, consistent with the student's individual health plan.

I further certify that I have completed training for the additional care I am authorized by the parent/guardian to provide, and prior to any acts I perform as a parent-designated adult. (Refer to student's individual health plan and Designation of a Parent-Designated Adult form for a written description of PDA duties.)

____ I have completed additional training from a health care professional or expert in diabetic care. This training is for care that would otherwise be performed by a health professional licensed training.

Date: ____ Health care professional: _____

____ I have had the individual health plan training provided by the district

Date: ____ Health care professional: _____

If PDA is not a school employee: I acknowledge that Monroe Public Schools will make reasonable attempt to insure my safety while participating as a PDA, but there are certain inherent risks involved that may be unavoidable resulting in bodily injury or property damage to me or others. I agree to hold and save harmless the district for any claims, suits or damages which might result from my participating as a PDA.

If PDA is a school employee: I understand that I am not required to serve as a PDA, but choose to do so voluntarily. I have informed my employer of my interest in serving as a PDA. I also understand that this role cannot interfere with completion of my assigned work-related duties. I have not been coerced by my employer to sign and file this Notice of Intent and understand that a refusal to do so cannot be a basis for disciplinary action.

A "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.

Name

Signature

Date