



VOLUNTARY PARENT DESIGNATED ADULT (PDA) NOTICE OF INTENT

Washington State requires public school districts to address the medical needs of students with seizures. The school district uses this document to certify that a person intends to serve or continue to serve as a volunteer PDA pursuant to chapter 350, Laws of 2002 which added sections to RCW 28A.210.260

For the purpose of this form, "Parent Designated Adult" (PDA) means: a volunteer over 18 years of age, who may be a unlicensed school district employee, who receives training from a Licensed Health Professional (LHP) or expert in epileptic seizure care selected by the parent/guardian, and who provides care, if needed, for the child consistent with the Individual Health Plan (IHP). The "additional training" is for care that would otherwise be performed by a LHP licensed under RCW 18.79. A PDA, acting in good faith and in substantial compliance with the student's IHP and the instructions of the student's LHP, 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 students with seizures. The LHP and the certificated school nurse are not responsible for the supervision of the PDA for those procedures that cannot be delegated and are authorized by the parent/guardian for the PDA to provide.

Information

Name: _____ Birth Date _____

Address: _____ Phone #: _____ Alternate # _____

Statement of Intent

I, _____, certify that I voluntarily will serve or continue to serve
(Print Adult's Name)
as a PDA for _____ and will provide seizure related health care
(Print Student's Name)
to the best of my ability, consistent with the student's IHP.

I further certify that:

_____ I have reviewed the IHP provided by the certificated school nurse
Person providing training _____
Signature Title

_____ I have completed training necessary to act as a PDA. (general overview of seizures
including signs and symptoms and emergency care)
Person providing training _____
Signature Title

_____ I have completed additional training as listed below, for the additional care that I am
authorized by the parent/guardian to provide prior to any acts that I perform as a PDA

_____ Hands on training in administration of nasal spray.

Person providing training: _____
Signature Printed Name Title

Parent Designated Adult (PDA): _____
Signature Date