

DESIGNATION OF A PARENT DESIGNATED ADULT FOR SEIZURE CARE

Washington State requires public school districts to address the medical needs of students with seizures. Pursuant to RCW 28A.210.260, the school district uses this document to allow the parent/guardian to designate a parent designated adult (PDA) who can provide care for a student with epilepsy/seizures.

For the purpose of this form, a PDA means, a volunteer who may be a school district employee, who receives additional training from a health care professional or expert in epilepsy/seizure care selected by the parent/guardian, who provides care for the child consistent with their individual health plan. The additional training is for care that would otherwise be performed by a health care professional licensed under RCW 18.79.

INFORMATION

Name of child _____ Birthdate _____

Address _____ Phone _____

School _____ School Year _____

Name of PDA _____

Phone _____ Alternative Phone _____

GRANT OF PERMISSION

As a parent/guardian of _____, a child with epilepsy/seizures, I acknowledge
(Child's Name)
that I have read and understand this form.

I authorize _____, to be a PDA for my child. I empower him/her
(PDA's name)
to provide epilepsy/seizure related health care for my child.

I agree that this PDA will receive training by the school nurse in the proper procedures for the care of students with epilepsy/seizure, or if this person is not an employee of the district, he/she will receive training comparable to the district provided training. This PDA will also receive training to my child's individual health plan by the school nurse.

I agree that this PDA will receive additional training from a health care professional or expert in epileptic/seizure care selected by me, to provide training for tasks consistent with my child's individual health care plan. This additional training is for the care that would otherwise be performed by a health care professional licensed under RCW 18.79.

I agree that the school district, school district employee, agent, or PDA, acting in good faith, and in substantial compliance with my child's individual health plan, and the instructions of my child's licensed health care professional, provides assistance or services under RCW 28A.210.260, shall not be liable in any criminal action or for civil damages, as a result of the services provided for my child with epilepsy/seizures.

Parent/guardian signature

Date

Work phone

Home phone