

## VOLUNTARY PARENT-DESIGNATED ADULT NOTICE OF INTENT FOR EPILEPTIC/SEIZURE CARE

Washington State requires public school districts to address the medical needs of students with seizures. This school district document acknowledges that an individual intends to serve or continue to serve as a volunteer "parent designated adult" (PDA) pursuant to RCW 28A.210.260.

For the purpose of this form, a PDA is a volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in epileptic seizure care, selected by the parent/guardian, who provides care for the child consistent with the individual health plan. The "additional training" is for care that would otherwise be performed by a health care professional licensed under RCW 18.79. A PDA, acting in good faith, who provides assistance or services in substantial compliance with the student's individual health plan, shall not be liable for any criminal action or for civil damages as a result of the services provided.

### Information:

Name of student: \_\_\_\_\_ Birthdate \_\_\_\_\_  
School: \_\_\_\_\_ Phone: \_\_\_\_\_

### Statement of Intent

I, \_\_\_\_\_, certify that I voluntarily will serve or continue to serve as a parent designated adult for \_\_\_\_\_ and will provide seizure related  
(Student's Name)  
healthcare to the best of my ability consistent with this student's individual health plan.

I further certify that:

\_\_\_\_\_ I have received training by the school nurse in the proper procedures for care of students with epilepsy, **OR** \_\_\_\_\_ I have completed training comparable to the district provided training in the procedures for care of students with epilepsy, **AND**

\_\_\_\_\_ I have received additional training from a health care professional or expert in epilepsy/seizure care selected by the parent/guardian. I will provide the additional care the parent/guardian has authorized, consistent with this student's individual health plan, **AND**

\_\_\_\_\_ I have received training to this student's individual health plan by the school nurse.

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 understand that my refusal to do so cannot be a basis for disciplinary action by the district.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: