

**DIABETES TRAINING DOCUMENTATION FOR  
PARENT-DESIGNATED VOLUNTEER**

I, \_\_\_\_\_, a Health Care Professional or a  
Certificated Diabetic Instructor,

Have trained \_\_\_\_\_, the Parent-Designated Adult (PDA),

of \_\_\_\_\_ (student)

on \_\_\_\_\_ (date)

in the **Symptoms, Treatment and Monitoring of Diabetes.**

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