

STERLING HIGH SCHOOL DISTRICT
501 S. WARWICK ROAD, SOMERDALE, NEW JERSEY 08083-2175
PHONE (856) 784-1333 FAX (856) 784-7661



Dear Parent/Guardian

Please sign this form acknowledging that Sterling High School District and its employees or agents shall incur no liability as a result from any injury arising from the good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.11-21 and this procedure, including care given by school nurse and by the volunteer employee, authorized to administer Glucagon during an emergency hypoglycemic crisis when the nurse is not present.

Student Name: _____

Parent/Guardian: _____

Date: _____