

Exhibit

FRENCHTOWN ELEMENTARY SCHOOL
902 Harrison Street
Frenchtown, NJ 08825
908-996-2751

Authorization of Delegate's Administration of Glucagon:

Student's Name: _____

Date of Birth: _____

I understand that the school nurse shall have primary responsibility for the emergency administration of Glucagon. I authorize the school nurse to designate in consultation with the board of education, additional employees of the school district who volunteer to administer glucagon to my child who is experiencing severe hypoglycemia when a school nurse is not physically present at the scene. I hereby acknowledge my understanding that no school employee, including a school nurse, a school bus driver, a school bus aide, or any other officer or agent of a board of education, shall be held liable for any good faith act or omission consistent with the provisions of this act N.J.S.A. 18A:40-12.11-21, nor shall an action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person trained in good faith by the school nurse pursuant to this act. Good faith shall not include willful misconduct, gross negligence, or recklessness.

Acknowledged by:

Student's Parent/Guardian

Date

Reviewed by:

School Nurse

Date

Adopted: October 30, 2012
Readopted: March 28, 2017