



**WARDLAW-HARTRIDGE SCHOOL  
COVER LETTER FOR  
PREPARTICIPATION PHYSICAL EVALUATION FORM**

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The attached “Preparticipation Physical Evaluation” (PPE) Form is the **ONLY** document that is acceptable for any/all athletes in grades 5-12<sup>th</sup>. It is the only form required for all sports participants in grades 5-12<sup>th</sup>. It is a state mandated form. All 4 pages must be filled out, seen by, signed by the examining physician, whom the state has approved for Cardiac Assessment of an athlete, and submitted to the school nurse or athletic trainers.

Parents and Students, please read the form in its entirety, noting that the medical examiner performing this physical and filling out this document must be a NJ-based physician who has completed the state approved Cardiac Assessment Module for athletes (see form itself for details). The “PPE” is available at all times at the front desk, from the school nurse or athletic trainers, as well as on our school website.

Non-athletes in any grade whom are strictly Gym/PE students only, and do not intend to be on a team sport, do not use this form. Instead use the Annual Medical Examination Form, also available at the front desk, with the school nurse, or on-line.

**Parent Consent:** I authorize Wardlaw-Hartridge School personnel, administrators, nurse(s), ch.226 nurse/s to share confidential medical information on a need to know basis, with appropriate WardlawHartridge employees (and affiliated agencies, like food services). I understand that sharing of medical information is to help promote the health and safety of my child. I authorize the school nurse(s), and employees of Wardlaw-Hartridge School to perform first aid, screenings, illness and emergency care for my child, as deemed necessary. Parent authorizes school nurse to contact MD if needed. A parent can refuse non-emergency nurse screenings by stating so in writing to nurse. All medications given/taken during school hours require a written doctor’s order and written parental consent in order for the nurse to administer or for the student to self-administer. See school nurse for forms. Parent/s and Guardian/s are advised to keep school nurse current with updates on medical issues or changes.

**Name of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student’s Signature (required 18 & over):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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