



**THE WARDLAW+HARTRIDGE SCHOOL  
COVER LETTER FOR  
PREPARTICIPATION PHYSICAL EVALUATION FORM**

The “Preparticipation Physical Evaluation” (PPE) Form is the **STATE MANDATED FORM** for all athletes in grades 6-12. Note the “PPE” consists of several pages, including the History Form, Athletes With Disabilities Form, Physical Examination Form, AND the PPE Medical Eligibility Form. Together they form the “PPE”. The PPE must be filled out and signed by parents, students, and a New Jersey Healthcare provider (HCP) that is approved for Cardiac Assessment of an athlete in NJ . However, of the PPE packet, only the “PPE **Medical Eligibility Form**” is **required** to be filed at school. A parent can supply the entire PPE to the school by requesting a copy from their child’s HCP. Separately and additionally, W+H school policy requires every student to supply us with an annual “Medical Examination Form”. The PPE packet, Medical Eligibility form, and the school’s Medical Examination Form are available online. Please contact the school nurse and/or the athletic trainers for any questions.

**Parent Consent:** I authorize Wardlaw+Hartridge School personnel, administrators, nurse(s), 3rd party nurse/s, sub nurses to share confidential medical information on a need to know basis, with appropriate Wardlaw + Hartridge 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 the school nurse to contact MD if needed. A parent can refuse non-emergency nurse screenings by stating so in writing to the 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:** \_\_\_\_\_

School Nurse  
1295 Inman Ave  
Edison NJ 08820  
908-754-1882, Ext. 130