



**WASHINGTON
TOWNSHIP
SCHOOL DISTRICT**

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To: 6th Grade Parents & Guardians
From: Health Office
Re: Preparticipation Physical Evaluation (PPE)

Students interested in school sponsored interscholastic or intramural athletic teams in grades 6 through 12 are mandated to present a Pre-participation Physical Evaluation (PPE) form to the Health Office, prior to participation. Therefore, in order to **participate in any physical activity/sports club** the PPE must be completed by your child's physician and submitted to the Health Office by the specified due dates per club. Students will not be able to participate without the PPE and additional forms, listed below. All health forms are reviewed by the school physician for final approval.

Required forms include:

- Preparticipation Physical Evaluation (signed by parent, student, and physician) – See below if you have already submitted a PPE form for your child, this school year.
- Sudden Cardiac Death in Young Athletes Signed Off (signed by parent and student athlete after reading the Sudden Cardiac Death in Young Athletes Pamphlet)
- Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form signed
- Opioid Drugs Fact Sheet Review & Sign Off
- Review of Sports Related Eye Injury
- **Health History Update Questionnaire, if PPE physician's exam is more than 90 days from the first day of practice, or there have been recent significant changes in student's health.**

These state forms may be downloaded from our school website www.washtwpsd.org:

Parents – Health Offices Page - WTSD Health Office - Physicals-
Preparticipation Physical Evaluation (PPE)
Health History Update PPE
Sudden Cardiac Death in Young Athletes
Sudden Cardiac Death Pamphlet Sign Off Sheet
Opioid Drugs Fact Sheet & Sign Off
Sports Related Concussion Fact Sheet
Sports Related Eye Injury

You may also contact the Health Office at 908-689-1188 ext. 3607, to have the forms sent home with your child. Please be sure to return completed forms in a sealed envelope labeled PPE with the child's last name on it, addressed as **Attn: School Nurse, PPE.**