

**SCHOLASTIC STUDENT-ATHLETE SAFETY ACT  
INFORMATION FACT SHEET  
FOR PARENTS/GUARDIANS**

Prior to participation on a school-sponsored interscholastic or intramural athletic team or squad, each student-athlete in grades six through 12 must present a pre-participation physical evaluation (PPE) form(s) to the designated school staff member. Important information regarding the PPE is provided below, and you should feel free to share with your child's medical home health care provider.

1. The PPE may ONLY be completed by a licensed physician, advance practice nurse (APN) or physician assistant (PA).
2. The require PPE must be conducted within 365 days prior to the first official practice in an athletic season. The PPE form is available in English and Spanish at <http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf>
3. The parent/guardian must complete the **History Form (page one)** and insert the date of the required physical examination at the top of the page.
4. The parent/guardian must complete *the Athlete with Special Needs: Supplemental History Form, (page 2)*, if applicable, for the student with a disability that limits major life activities, and insert the date of the required physical examination on the top of the page.
5. The licensed physician, APN or PA who performs the physical examination must complete the remaining two pages of the PPE, and insert the date of the examination on the **Physical Examination Form (page three) and Clearance Form (page four)**.
6. The school district must provide written notification to the parent/guardian, signed by the school physician , indicating approval of the student's participation in a school-sponsored interscholastic or intramural athletic team or squad based upon review of the medical report, or must provide the reason(s) for the disapproval of the student's participation.
7. In addition to the PPE forms, there are three sets of fact sheets/and the accompanying sign off sheets for the parent and the student-athlete to complete. Included are the **following fact sheets: Sudden Cardiac Arrest, Concussion, and Opioid Use and Misuse.**

**Please remember to include all three sign off sheets with the pre-participation forms.**

8. For the student-athletes that had a medical examination completed **more than 90 days prior to the first official practice in an athletic season, the Health History Update Questionnaire (HHQ) form must be completed, and signed by the student's parent/guardian. The HHQ must be reviewed by the school nurse. The HHQ is at:**

<http://www.state.nj.us/education/students/safety/health/records/HealthHistoryUpdate.pdf>.

For more information, please review the Frequently Asked Questions which are available at <http://www.state.nj.us/edication/students/safety/health/services/athlete/faq.pdf>.

You may also direct your questions to your athletic director Mr. Bearse at: [kbearse@mtps.org](mailto:kbearse@mtps.org) or your school nurses Mrs. Deitz at [ddeitz@mtps.org](mailto:ddeitz@mtps.org) or Mrs. Kirkwood at [kkirkwood@mtps.org](mailto:kkirkwood@mtps.org).

