

Student Name _____ Grade _____

Sport _____

Dear Parent/Guardian:

This letter serves as written notification that your son/daughter can/cannot participate in athletics at Washington Township High School for the current year pursuant to N.J.A.C. 6A:16-2.2. Please be advised that this letter reflects the recommendation of the examining physician who *completed and signed* the Athletic Pre-Participation Examination (Parts A and B) submitted to the school on behalf of your son/daughter.

If your child is deemed unable to participate based on an incomplete form, please ensure that the original examining physician completes the form and returns it to the school to be reviewed for eligibility.

Thank you for your cooperation.

School Physician/Provider's stamp and initials

