

[SCHOOL LETTERHEAD HERE]

Notification of Student-Athlete Clearance to Participate in Interscholastic Sports

[DATE HERE]

Dear Parent or Guardian,

A Medical Eligibility Form has been received for your child (ward), _____, for participation in school sponsored interscholastic sports.

The Medical Eligibility Form has been reviewed, and your child (ward) is:

Approved

Not Approved

for participation, as per the recommendation of the Health Care Provider who completed the form. If your child (ward) is not approved for participation, you should follow the medical recommendations of the Health Care Provider who completed the Medical Eligibility Form.

This notice is being provided to you in accordance with New Jersey State Law (N.J.A.C. 6A:16-2.2(h)1.iv and N.J.A.C. 16-2.3(a)4.iv). The determination of clearance or non-clearance is based solely on the recommendation of the Health Care Provider who completed the Medical Eligibility Form. Neither the school nurse nor the school physician (unless the school physician is the Health Care Provider who performed the examination and completed the Medical Eligibility Form) is responsible for this determination.

If your child (ward) is not approved, a copy of the completed Medical Eligibility Form will be provided to you in addition to this form. Please follow any recommendations given by the Health Care Provider on the Medical Eligibility Form, and please direct any questions on reasons for denial of eligibility to the Health Care Provider that performed the evaluation.

[SCHOOL NURSE SIGNATURE HERE]

[SCHOOL NURSE NAME HERE]

[SCHOOL PHYSICIAN SIGNATURE HERE] (Public Schools Only)

[SCHOOL PHYSICIAN NAME HERE]

[CONTACT INFORMATION FOR SCHOOL HEALTH OFFICE HERE]