



# Marquette Academy

*Academic Excellence in a Catholic Community*

May 15, 2023

Dear Parents,

We are beginning to prepare for the next school year at Marquette Academy. Enclosed in this packet you will find your registration information and all pertinent documents you will need.

We are offering an early registration discount of \$100.00 to families from now until 7 pm on June 15. We have several opportunities to drop off your completed packets and benefit from the early registration discount. The schedule of dates, etc. is listed below.

Let us know if you have any questions when you review your packet. **Once you complete your packet, you can send it in your student's backpack or return it to the grade school office any time before school is done. Please be sure to include the minimum \$400.00 registration fee. You will receive additional financial information via email from Mary Roberson.**

**Below are the drop off dates/times for registration:**

**ALL COMPLETED PACKET DROP OFFS ARE AT THE GRADE SCHOOL CAMPUS:**

Wednesday, 5/31 from 5-7 pm grade school office

Starting 6/6 every Tuesday/Thursday during summer between the hours of 8 am - 4 pm. at the **Grade School office**

~~Thursday, 6/15 from 5 - 7 pm grade school office—last day for the \$100 early discount~~

In order to receive the **\$100 early bird registration discount**--you must have all paperwork and registration fees (minimum \$400.00) turned in by **Thursday, 6/15**.

Wednesday, 7/19 from 5 - 7 pm at the grade school office-- **Final registration drop off**

**Any registration received after 7/19 will include a \$250.00 late fee.**

Thank you very much for your patience and cooperation. If you do not need this information, please pass it on to someone who might or return it to us.

Respectfully yours,

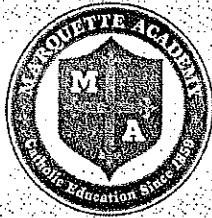
Brooke Rick  
Principal  
Marquette Academy

Parents,

All attached financial sheets  
need to be signed and  
returned with your packet.

Any changes to your  
financial sheet (early  
discount, scholarships, etc.)  
will be added later and sent  
to you via email by Mary  
Roberson.

Thank you.



# MARQUETTE ACADEMY

*Academic Excellence in a Catholic Community*

RE: New for the 23 24 School Year

Marquette Academy Blue/Gold Hours

Brooke Rick  
*Principal*

Fr. Austin Bosse  
*Chaplain*

Todd Glade  
*Dean of Students*

Lisa Tenut  
*Business Manager*

Dear MA families,

For the upcoming school year we are implementing a new program called Blue/Gold hours. Each MA family will be required to work a minimum 5 hours of service to the school. These hours will be mandatory for each MA family. Please note—Financial Aid hours are over and above the required 5 Blue/Gold hours. The first 5 hours completed by each family will be logged as your Blue/Gold hours.

Some examples would be (but not limited to) help at May Merriment for set up, clean up or working the event; working the annual pork chop dinner, working the annual fish dinner, helping with cleaning at the school, etc.

We will send out emails from the offices when there is a need for help and then we can log hours as they are worked. You can work 1 hour for an event or do 5 hours for one event, whatever is easiest for you and your family.

Please let us know if you have any questions.

Thank you in advance for your cooperation in this matter.

Sincerely,  
Mrs. Brooke Rick

Parent Signature: \_\_\_\_\_  
(By signing above you are confirming that you are aware of the new mandatory program)

Please print family name: \_\_\_\_\_

Preschool & Elementary Campus  
1110 LaSalle St., Ottawa, IL 61350  
815.433.1199



High School Campus  
1000 Paul St., Ottawa, IL 61350  
815.433.0125

[www.marquetteacademy.net](http://www.marquetteacademy.net)

*Traditions are embraced. Dedication is the norm. Excellence is the expectation.*

Parents,

This is for your records

Please use the attached sheet to set up your FACTS payment plan for tuition. If you already have an account, your information will follow from year to year.

Thank you.



# MARQUETTE ACADEMY

*Academic Excellence in a Catholic Community*

Welcome to Marquette Academy. ALL PAYMENTS ARE REQUIRED TO BE ACH PAYMENTS THROUGH FACTS ONLY. THE INVOICE OPTION IS NO LONGER AVAILABLE.

We've listed below how to sign up on Facts but if you have any questions please let us know. Both Mary Roberson and Lisa Tenut can help you. They both work at the High School campus and work with all Marquette families. Once we see that you have signed up on the Facts web site your name will be in a pending file and we will finalize it. You can then start paying. Your monthly payments will not start until August or later if coming to Marquette at a later date. But please sign up on this site as soon as possible.

\*\*\*Starting 2023-24 School Year--If you are an existing MA family and have the "invoice" option on FACTS from previous years, you have to go in to FACTS and update what other payment option you want since invoice is no longer an option.\*\*\*

## TO SIGN ON TO THE FACTS MANAGEMENT WEBSITE:

Go to our Marquette Academy website [www.marquetteacademy.net](http://www.marquetteacademy.net) at the top of the page is ADMISSIONS click on that and a drop down box will appear. The 7<sup>th</sup> item under Admissions is FACTS, click that, on the right side of the page it says **HAVE ACCOUNT** or below that is **NEW ACCOUNT** click on new account if you have not signed up on Facts before. Click on **CREATE USERNAME AND PASSWORD** for a new account, enter your email address and press enter: 0

Welcome! Thank you for using FACTS.

Please take a few moments to create a user account.

It is highlighted in green Create a new FACTS account click on that and enter your email, then name, address, phone number then it will guide you through the process.

Here is the FACTS phone number for Customer Service in case you need help: 1/866-441-4637 you can talk to any Customer Service person. FACTS Management Website at: <https://online.factsmgt.com>.

After you have finished setting up your account, we will see your name in pending we will finalize it and then we will enter your balance. After that you should see your account by the next day. Keep track of your Customer number or ID number for future reference.

Let Mary Roberson – [mroberson@marquetteacademy.net](mailto:mroberson@marquetteacademy.net) or Lisa Tenut – [ltenut@marquetteacademy.net](mailto:ltenut@marquetteacademy.net) know if you have any questions or need help with signing on.

(If you already have a FACTS account every year it will roll over to the new year so you will have the same ID and Customer number. At the beginning of the year your account will be in pending and after we enter your amounts you will be able to see it. Just make sure to check your (checking/savings/credit card) account # to see if that's the one you want to use again. You can change that at any time on FACTS.

Parents,

All attached  
registration forms  
need to be  
completed and  
returned.

Thank you.

Early Education & Elementary Campus  
1110 LaSalle St., Ottawa, IL  
815/433-1199

MARQUETTE ACADEMY

High School Campus  
1000 Paul St., Ottawa, IL  
815/433-0125

Student Information:

1. Child's Name: \_\_\_\_\_

Last First Middle  
Social Security No: (HSOnly): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Race or Ethnicity: (Am Indian/Alaskan Native ) (Hispanic )  
(Asian ) (White/Non-Hisp ) (African-Am/Non-Hisp )  
Other \_\_\_\_\_ Male:  / Female:  Grade entering: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Last First Middle  
Social Security No: (HSOnly): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Race or Ethnicity: (Am Indian/Alaskan Native ) (Hispanic )  
(Asian ) (White/Non-Hisp ) (African-Am/Non-Hisp )  
Other \_\_\_\_\_ Male:  / Female:  Grade entering: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Last First Middle  
Social Security No: (HSOnly): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Race or Ethnicity: (Am Indian/Alaskan Native ) (Hispanic )  
(Asian ) (White/Non-Hisp ) (African-Am/Non-Hisp )  
Other \_\_\_\_\_ Male:  / Female:  Grade entering: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_

Last First Middle  
Social Security No: (HSOnly): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Race or Ethnicity: (Am Indian/Alaskan Native ) (Hispanic )  
(Asian ) (White/Non-Hisp ) (African-Am/Non-Hisp )  
Other \_\_\_\_\_ Male:  / Female:  Grade entering: \_\_\_\_\_

Parent Information:

Lives with (Circle One): Mother Father Both

Primary Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parish or Church You Attend: \_\_\_\_\_

School District in which you reside: \_\_\_\_\_

School transferring in from: \_\_\_\_\_



# MEDICAL INFORMATION ONE PER STUDENT

STUDENT/MINOR NAME (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

STUDENT/MINOR'S DOCTOR (first, middle, last): \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL CONDITIONS: Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.):

\_\_\_\_\_  
\_\_\_\_\_

List any allergies or allergic reactions to medications of the student minor: \_\_\_\_\_

List any medications the student/minor is presently taking: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Date of student/minor's most recent tetanus shot: \_\_\_\_\_

MEDICAL INSURANCE INFORMATION: Insurance Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification#: \_\_\_\_\_

EMERGENCY CONTACTS: Parent or Guardian (first, middle, last name): \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Other Contact: Name (first, middle, last): \_\_\_\_\_

Phone (with area code): \_\_\_\_\_ Relationship to student/minor: \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

*This information will be kept in the possession of the school/parish. A copy may be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.*

I, \_\_\_\_\_, [parent/guardian], understand that in the case of illness or injury to my child, \_\_\_\_\_ [child's name], the school/parish will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Marquette Academy  
PERMISSION FORM FOR SCHOOL WALKING TRIPS

I am the custodial and responsible parent/guardian of \_\_\_\_\_  
Name of Student(s)

I request that Marquette Academy allow my school aged child(ren) to participate in walks to various locations around the Marquette Academy Preschool/Elementary/High School campuses neighborhoods. The Marquette Academy teachers and students will take walks to learn about what is currently being studied in class, such as the signs of changes in the seasons and traffic signs.

I request that Marquette Academy allow my preschool, elementary and/or high school aged child(ren) to participate in walks between the Marquette Academy campuses for Masses, plays, retreats, etc. I also request that M.A. allow my student to participate in walks to WCMY Radio Station, 216 Lafayette Street and to area parks.

The activity will be supervised by at least one school employee.

If my child is injured in any way during this trip and if I cannot be immediately contacted at the following phone number \_\_\_\_\_, I grant full power to the supervising school employee to do as follows:

1. Arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and
2. Sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

I understand the risks such trips present to my child, including, but not limited to, serious personal injury or death. Any questions I have concerning these trips have been answered.

In consideration for my child being allowed to make any walking trip, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Diocese, the parish, the school and their employees and agents, and the volunteers assisting the school, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorney's fees) arising from or related to my child's participation in an activity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Student(s) Name(s): \_\_\_\_\_

**HANDBOOK AGREEMENT**

We have read and understand the contents of the parent/student handbook and agree to abide by the rules and expectations stated therein.

\_\_\_\_\_  
Student(s) Signature Date

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature Date

**PARENT PERMISSION FORM FOR INTERNET ACCESS**

Marquette Academy believes that the benefit to students from access to the Internet in the form of information resources and opportunities for collaboration far exceed the disadvantages of access. Should a parent prefer that a student not have Internet access, use of the computers is still possible for more traditional purposes such as word processing.

**Terms and Conditions of Internet Agreement**

I have read the Marquette Academy Internet policy that is found in the handbook and will review this policy with my child(ren).

I understand that the school does not have control of the Internet content, and I realize that students may be accidentally exposed to material that is controversial or offensive while partaking in an educational lesson.

I release Marquette Academy from any liability or damages that may result from my child's inappropriate or unauthorized use of the Internet.

I release Marquette Academy from any liability related to consequences resulting from my child's unauthorized use of the Internet.

Having carefully read the school's Internet policy, I give permission for my child(ren) to have Internet access at the school. I will support the school's Acceptable Use Policy and reinforce it with my child(ren).

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature Date

**PUBLICITY FORM**

On occasion, Marquette Academy takes photographs or makes an audio or video tape recording of children and/or adults involved in school/parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our school/parish. In addition, local news organizations may hear of our activities or events, and our school/parish may invite or allow them to photograph or record our events to be used, distributed, or displayed as agents of the school/parish see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature Date

**SERVICE PROJECT (GRADE 8)**

I hereby agree that my child \_\_\_\_\_ may help in the school cafeteria during lunch hour when needed.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature Date

Parents,

All attached  
medical exams  
need to be  
completed and  
returned at the start  
of school.

Thank you.



**■ PREPARTICIPATION PHYSICAL EVALUATION**

**HISTORY FORM**

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

\_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

\_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

\_\_\_\_\_

\_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
*Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)*

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

<b>GENERAL QUESTIONS</b> (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

<b>HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)</b>			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				



**■ PREPARTICIPATION PHYSICAL EVALUATION**

**MEDICAL ELIGIBILITY FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
 Medically eligible for certain sports

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

**SHARED EMERGENCY INFORMATION**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_

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# PREPARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / { / }	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA



GRADES 9 – 12  
HIGH SCHOOL  
ATHLETICS

PLEASE RETURN  
THESE FORMS  
SIGNED.

THANK YOU.



**Marquette Academy High School - Athletic and Sporting Events  
Parental/Guardian Consent Form and Liability Waiver**

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #'s: \_\_\_\_\_

**Request for Permission:**

As parent and/or legal guardian, I give permission for my son/daughter named above to participate in interscholastic athletics in the following sports during the current academic year:

- |                                        |                                        |                                          |
|----------------------------------------|----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Basketball    | <input type="checkbox"/> Scholastic Bowl |
| <input type="checkbox"/> Softball      | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football        |
| <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Golf            |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Wrestling     | <input type="checkbox"/> Dance Team      |
| <input type="checkbox"/> Other: _____  |                                        |                                          |

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I am aware that participating in sports will involve travel to practices and games. I acknowledge and accept the risks involved with my child's travel. I further understand that participation in sports presents to my child the risk of harm, including, but not limited to, serious personal injury or death. Any questions I have concerning my child's participation have been answered.

In consideration of my child being allowed to participate in the sport(s) indicated above, I hereby **RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS** the Catholic Diocese of Peoria, the parishes, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation. Additionally, I give my consent and approval for my child's name and picture to be printed in any sports program, publication or video.

As a parent/guardian, I further acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering important learning experiences for the students. Therefore, I will show respect for all players, coaches, spectators, and officials. I will only participate in cheers that support, encourage and uplift the teams involved. I understand the spirit of fair play and good sportsmanship expected by a Catholic school, and accepts the responsibility that comes with being a parent/guardian of a student athlete.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MARQUETTE ACADEMY HIGH SCHOOL**

**CONSENT FORM REQUIRED OF ALL**

**PARENTS AND STUDENTS**

I/We have read the policy statement regarding the mandatory screening for drug usage that is required of all students in attendance at Marquette Academy High School.

I/We understand that the school will request a hair sample of our son/daughter for the purpose of this screening and I/we agree that our son/daughter will submit a sample upon request at any time. I/We agree to the methodology being used for hair sampling and sharing the results with appropriate persons referred to in the policy. I/We further agree to defend and indemnify the high school and the Diocese of Peoria, their employees and agents, against any demands or claims of any type whatsoever (including the cost of attorney fees) asserted or based upon any liability arising in any way from or related in any way to the Drug Screening Program, or any acts, errors, or omissions relating thereto, by the student identified below whose attendance at the high school is conditioned upon execution of this consent.

I/We understand that failure to comply with this policy in any part or in whole constitutes cause for immediate dismissal from the school.

I/We agree to abide by the terms mandated by this policy if our son/daughter tests positive for the presence of a prohibited substance and will cooperate fully in obtaining an immediate assessment from a substance abuse professional. Furthermore, I/we agree to also cooperate with the particular plan of treatment or recovery that is recommended for our son/daughter.

I/We fully understand that refusal to sign this consent form renders our son/daughter ineligible for attendance at Marquette Academy High School.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FORM FOR PARTICIPATION IN  
MARQUETTE ACADEMY  
CHRISTIAN SERVICE LEARNING PROGRAM  
(9 - 12)**

I am the custodial and responsible parent/guardian of \_\_\_\_\_

I understand that the completion of 30 hours per year for the Christian Service Learning Program is a requirement before final exams as well as for graduation from Marquette Academy.

I understand that participation in acceptable project(s) is at the discretion of my son/daughter with my approval and that Marquette Academy assumes no responsibility for accident or injury involving the student or others while participating in a project outside school hours and not supervised by school personnel.

I understand the risks such participation presents to my child, including but not limited to, serious personal injury or death. Any questions I have concerning this program have been answered.

In consideration of my child being allowed to participate in this program, I hereby **RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS** the Diocese of Peoria, the parish, the school and their employees and agents, and the volunteers assisting the school, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in this program.

I understand that the supervisor of this project will keep an accurate record of the student's hours and will, at the completion of the project, evaluate the student's performance.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



## IHSA Sports Medicine Acknowledgement & Consent Form

### Acknowledgement and Consent

#### Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Substance Policy.

#### STUDENT

Student Name (Print): \_\_\_\_\_ Grade (9-12) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PARENT or LEGAL GUARDIAN

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

#### Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.

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GRADES 9 – 12

HIGH SCHOOL

ATHLETICS

PLEASE READ

AND KEEP THESE

FORMS.

THANK YOU.



### Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**Symptoms may include one or more of the following:**

- |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• "Don't feel right"</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



## IHSA Sports Medicine Acknowledgement & Consent Form

### Concussion Information Sheet (Cont.)

#### What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

#### If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:  
<http://www.cdc.gov/ConcussionInYouthSports/>



## IHSA Sports Medicine Acknowledgement & Consent Form

### IHSA Performance-Enhancing Substance Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA.

#### IHSA PES Policy

[http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18\\_PES\\_policy.pdf](http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18_PES_policy.pdf)

#### IHSA Banned Drug Classes

[http://www.ihsa.org/documents/sportsMedicine/current/IHSA\\_Banned\\_Drugs.pdf](http://www.ihsa.org/documents/sportsMedicine/current/IHSA_Banned_Drugs.pdf)