Marquette Academy

Academic Excellence in a Catholic Community

May 12, 2025

Dear Parents,

We are preparing for 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 7:00 pm on Thursday, June 19. We have several opportunities to drop off your completed packets and benefit from the early registration discount. The schedule of dates and times is listed below. **If you complete your packet before this school year is over, you can send it in your student's backpack or return it to the grade school office any time. Please be sure to include the minimum $400 registration fee. You will receive additional financial information via email from Mary Roberson.**

The FACTS website is now open through August 1st to apply for Grant & Aid. Please note if your family situation is divorced or separated, each parent must sign up for FACTS using ½ of the tuition rate.

Any financial appeals will be forwarded to the review committee on July 17 by 4:00 PM. If we receive requests after this date and time, the funds may be already allocated, resulting in no aid.

Thank you very much for your patience and cooperation.

Respectfully yours,

Brooke Rick
Principal

Drop off dates/times for registration:

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

- From June 3 until July 17, every Tuesday & Thursday between the hours of 8:00 am – 4:00 pm at the **Grade School office.**
- Thursday, June 19 will have extended evening hours until 7:00 pm at the 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) turned in by **7:00 pm on this day.**
- Thursday, July 17 will have extended evening hours until 7:00 pm at the Grade School office. **This will be our final registration drop off.**

*Any registration received after July 17 will require an appointment with Mary Mann, and will include a $250 late fee for existing families. All accounts must be current to register for the upcoming school year.

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 Mrs. Mary Roberson.

Thank you.

MARQUETTE ACADEMY

Academic Excellence in a Catholic Community

RE: 25 26 School Year

Marquette Academy Blue/Gold Hours

Dear MA families,

This letter is the agreement for our Blue/Gold hours program. Each MA family is 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 any annual fundraiser, 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 mandatory program)

Please print family name: _____

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 MANAGEMENT ONLY.**

We've listed below how to sign up on Facts but if you have any questions please let us know. Both Mary Roberson mroberson@marquetteacademy.net and Lisa Tenut ltenut@marquetteacademy.net 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 on the dates you choose. 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 and choose a payment plan as soon as possible.**

*****Starting 2024-25 School Year--If you are an existing MA family you should just roll over to the new year with the same payment plan. Therefore if you want to change the account they are taking out of, you will need to update your account numbers.**

TO SIGN ON TO THE FACTS MANAGEMENT WEBSITE:

Go to our Marquette Academy website www.marquetteacademy.net at the top of the page is ADMISSIONS click on that and a drop down box will appear. The 7th item under **Admissions** is **FACTS**, click that and the Facts app pops up. On the right side of the page it says **CREATE USERNAME AND PASSWORD** for a **new account**, enter your email address and press enter **Create a new FACTS account** pops up hit that and then you can begin entering your information.

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 or Lisa Tenut – ltenut@marquetteacademy.net know if you have any questions or need help with signing on.

Everyone has to be on Facts Management for our accounting purposes but if you need help with adjusting payment dates or creating a new schedule or maybe just adjusting the date that month we can help you with that. Also, if you want to give us the payment we can enter it for you.

If you don't have access to a computer or having trouble with entering on your phone we can also help you.

FACTS

Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement go to https://online.factsmgt.com/signin/3FXBJ

FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

Frequently Asked Questions

- **Is my information secure?**
  Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit FACTSmgt.com/Security-Compliance.
- **When will my payments be due?**
  Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**
  Your payment will be processed on the next business day.
- **What happens if a payment is returned?**
  Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**
  Changes to your address, phone number, email address, or banking information can be made at Online.FACTSmgt.com or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**
  If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at Online.FACTSmgt.com. Customer Care Representatives are also available to assist you 24/7.**

Parents,

All attached registration forms need to be completed and returned.

Thank you.

MARQUETTE ACADEMY

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

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:

_____

Catholic Schools
Diocese of Peoria
FAITH IN OUR FUTURE

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 tom, 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

Edition 2022

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.

Dear Parents,

Below are the State medical requirements for the upcoming school year. Please let us know if you have any questions. The appropriate forms for your students are included in the packets and online. All of these forms are **DUE AT THE START OF SCHOOL** with the exception of the dental exam. That can be completed at their first scheduled dental appointment during the school year but has to be turned in by April.

Preschool:
Complete doctor physical with updated immunizations for the first time in preschool.

Kindergarten:
Complete doctor physical with updated immunizations
Complete eye exam
Complete dental examination

Grade 2:
Complete dental examination

Grade 6:
Complete doctor physical with updated immunizations
**IESA sports preparticipation physical evaluation (if playing sports)
Complete dental exam

Grade 5-12:
**Complete IESA/IHSA preparticipation physical evaluation (if playing sports).
Concussion Information Acknowledgement and Consent Form (only parent signature required-if playing sports) IESA form is required for grades 5-8. IHSA form is required for grades 9-12.

Grade 9:
Complete doctor physical with updated immunizations
Complete dental examination
**IHSA sports preparticipation physical evaluation (if playing sports)
Concussion Information Acknowledgement and Consent Form (only parent signature required-if playing sports). IHSA form is required for grades 9-12.

****The IESA/IHSA preparticipation form is new from the State of Illinois. This form needs to be completed and signed by both parents and the physician completing the physical.**

New Student entering from outside Illinois:
Complete doctor physical with updated immunizations
Complete dental examination
Complete eye exam
IESA/IHSA sports preparticipation physical evaluation (if playing sports in grades 5-12)
Concussion Information Acknowledgement and Consent Form (only parent signature required). IESA form is required for grades 5-8 and IHSA form is required for grades 9-12.

■ 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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IHSA IESA

■ 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 ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (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?		
HEART HEALTH QUESTIONS ABOUT YOU	**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.		

HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*)	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?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**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?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		

FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. 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?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
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 • Double-leg squat test, single-leg squat test, and box drop or step drop test		

[a] 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

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Grades 9 – 12

All High School Students

Please sign and return these forms.

Thank you.

PERMISSION FORM FOR PARTICIPATION IN

MARQUETTE ACADEMY

CHRISTIAN SERVICE LEARNING PROGRAM

GRADES 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 assures no responsibility for accident or injury involving the student and 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 the 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 this student's hours and will, at the completion of the project, evaluate the student's performance.

_____

Parent/Guardian

_____

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: _____

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:

___ Baseball	___ Basketball	___ Scholastic Bowl
___ Softball	___ Cross Country	___ Football
___ Volleyball	___ Cheerleading	___ Golf
___ Track & Field	___ Wrestling	___ Dance Team
___ 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: _____

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.

Each year IHSA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

Grades 9 – 12

High School Athletics

Please read and keep these forms.

Thank you.

IHSA Sports Medicine Acknowledgement & Consent Form

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:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

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

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/

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 7/1/2011 Reviewed 4/24/2013, 7/16/2015, July 2017

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

IHSA Banned Drug Classes
http://www.ihsa.org/documents/sportsMedicine/current/IHSA Banned Drugs.pdf