



Marissa Jr./Sr. High School

300 School View Drive
Marissa, IL 62257

Marissa Community Unit School District #40

(618) 295-2393
Fax (618) 295-2276
www.marissa40.org

INSURANCE FORM

Home Phone: _____

Business Phone: _____

I/we _____ (Parent(s)/Guardian(s))
of _____ (City), _____ (County), Illinois, do
hereby state that I am/we are the natural parent(s) or guardian(s) having legal custody of
_____ (Student's name), a minor, _____ (age),
born on _____ (date) who resides with me/us at _____
_____ (address). I/we authorize, the Athletic Director at
Marissa Jr./Sr. High School, in the Village of Marissa, St. Clair County, State of Illinois OR
Coach of _____ (Sport) at Marissa Jr./Sr. High School, in the Village of
Marissa, St. Clair County, State of Illinois, to consent to any X-ray, examination, anesthetic,
medical or surgical diagnosis or treatment, hospital care, to be rendered to the minor under the
general supervision or special supervision and on the advice of any physician or surgeon
licensed to practice in the State of Illinois, when the need of such treatment is immediate, and
when efforts to contact me/us are unsuccessful.

_____ (Signature of Parent/Guardian)

_____ (Date)

Name of Student's Doctor: _____

List any medications student is taking: _____



**MARISSA COMMUNITY UNIT SCHOOL DISTRICT #40
ATHLETIC CONSENT FORM**

Date: _____

STUDENT NAME: _____ GRADE: _____

My (Our) son/daughter intends to participate in the following sports this school year:

(Please check all sports student intends to participate in)

_____ Volleyball _____ Golf _____ Cross Country/Track
_____ Basketball _____ Cheerleading _____ Baseball _____ Softball

I/we realize the school will not be liable for injuries sustained in the above sport or sports. In order to participate in athletics or cheerleading, student **must** have health insurance.

(Check one)

_____ Student has purchased school insurance.

_____ Student does not have school insurance, but we feel our present coverage is adequate to cover any injury received in the above sport(s).

Name of Insurance Company _____

Policy Number: _____

Address of Company _____

Physical Exam: (Annual sports physical required to participate in sports)

To participate in State (IESA or IHSA) athletics, we must have on file an athletic physical that is signed by the physician and a parent. (Forms are provided by the School). The cost of the physical is to be paid by the Parents. Please pay directly to the physician.

Parent/Guardian Signature