



620 Mendelssohn Ave N. #161  
Golden Valley, MN 55427  
763-544-5441  
www.science-explorers.net  
info@science-explorers.net

# Join the after school fun with St. Vincent de Paul's Science Club

## Discovering Dinosaurs!

Do you love T-Rex, Parasaurolophus, Ankylosaurus, and Triceratops? If you do, come and explore the exciting prehistoric world of the dinosaurs. You will become a paleontologist as you learn about dinosaurs, create a "fast fossil", participate in hands-on experiments and much more as we journey back in time.

*Maximum of 40 students per date.*

### Grades K-4

Thursday, November 20, 2014

**1:45-3:30 PM at \$16/Student**

Science Room

*Great for Families*



Please return the attached waiver and payment, with checks payable to Science Explorers.

Call Science Explorers, Inc. at 763-544-5441 if you have any questions or visit their website at [www.science-explorers.net](http://www.science-explorers.net).

**Please make checks payable to Science Explorers.**

*Specializing in science enrichment since 1993.*

CATHOLIC MUTUAL "CARES" LOSS PREVENTION SYSTEM  
PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Curriculum: **SCIENCE CLUB**  
Destination: **St. Vincent de Paul SCIENCE LAB**  
Designated Supervisor of Activity: **Terry Derksen and Stacy Spitzack**  
Date and Time:

**GRADES K-5 Families—Thursday, November 20 from 1:45-3:30 PM**

Method of Transportation: **PARENTS provide transportation home at 3:30 PM.**

Student Cost: **\$16/Student.**

**Please make checks payable to "Science Explorers".**

I \_\_\_\_\_ hereby grant my permission for my child, \_\_\_\_\_, \_\_\_\_\_  
(Parent or guardian's name) (Child's Name) (Teacher -Grade)

to participate in the above named activities including the method of transportation. In consideration of my child's participation, I agree to indemnify St. Vincent de Paul parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against St. Vincent de Paul parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/lawsuit.

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Hospital (Preferred) \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

In event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself). No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

**SPECIAL MEDICAL INFORMATION:**

Allergic reactions (medications, foods, plants, insects, etc): \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

**SPECIAL MEDICAL INFORMATION:**

Allergic reactions (medications, foods, plants, insects, etc): \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

X \_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

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

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

In the event of an emergency, if you are unable to reach me at the above numbers, contact (emergency name & relationship) \_\_\_\_\_ Phone: \_\_\_\_\_

**STUDENT: By signing this consent form I agree to abide by St. Vincent de Paul's Code of Conduct described in the School Handbook. X**

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Teacher/Grade)

**PLEASE RETURN THIS FORM and Payment BY: Thursday, November 13, 2014**