



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

States of Matter Madness!

Join Science Explorers for our first class this school year....States of Matter Madness!

We will explore solids, liquids and gases with engaging, fun and sometimes even messy experiments.

Create a foaming snowball, a bowl of swirling colors, a simple Alka-Seltzer rocket and more!

Grades K-5

Thursday, October 9, 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.

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, October 9 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: _____

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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, October 2, 2014