



620 Mendelssohn Ave N. #156  
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

## Science Detective

How do Crime Scene Investigators help solve crimes? Find out as you explore the fun and fascinating field of forensic science. Join our team of investigators as we examine the evidence. Then test your investigative and scientific skills as you try to crack the case.

*Maximum of 20 students.*

### Grades K-5

Wednesday, April 19, 2017

**1:45-3:15 PM at \$14/Student**

Great for Families

*New for 2017...Class End Time is 3:15 PM*



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—Wednesday, April 19, 2017 from 1:45-3:15 PM**

Method of Transportation: **PARENTS provide transportation home at 3:15 PM.**

Student Cost: **\$14/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: **Wednesday, April 12, 2017.****