



MINNESOTA HISTORICAL SOCIETY

Dear Parent/Guardian:

Enclosed you'll find several permission forms that require your signature. These forms will enable your child to take full advantage of the **High School Internship program** at the Minnesota Historical Society, to be held from February – August 2017.

Please find below a brief summary of the various permission forms included in this packet:

1. Field Trip Authorization: Indicates your permission for your child to attend off-site field trips, and releases the Minnesota Historical Society, the site, and its staff, interns, and volunteers from any liability associated with your child's participation in High School Internship Program activities.
2. Medical Information/Authorization: Authorizes High School Internship Program staff to administer any medication your child might require during internship hours, and provide emergency medical attention, if needed.
3. Photo Release Form: Gives permission to the Minnesota Historical Society to take photos and video footage of your child as s/he participates in High School Internship Program activities.
4. Copyright & Survey Release Form: Gives permission to the Minnesota Historical Society to use your child's original research, artwork, sketches, etc. for educational and promotional use. Also gives permission to the Minnesota Historical Society to administer surveys/evaluations that are part of the program to your child.

Thanks for enrolling your child in the High School Internship Program. It promises some fun, educational and engaging activities for him or her.

Please don't hesitate to contact me if you have questions or concerns.

Regards,

Leah Juster
(651) 259-3189



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Field Trip Authorization

Dear Parent/Guardian:

The High School Museum Gallery Assistant Internship Program schedule may include field trips to other museums. Minnesota Historical Society staff will supervise these field trips.

In addition to these trips, your child will be participating in a variety of activities both inside our site and on the grounds. These activities may include lessons, arts and crafts, and outdoor games. All activities are planned, implemented, and supervised by Minnesota Historical Society staff.

Please complete the form below. Your signature indicates permission for your child to attend the **off-site field trips**, and releases the Minnesota Historical Society, the **site**, and Minnesota Historical Society staff, interns, and volunteers from any liability associated with your child's participation in High School Internship Program activities.

Questions or concerns regarding this form may be directed to the Internship Program at **(651) 259-3189**.

Parents/Guardians: Please complete the following form. Clip this lower portion, and return it to Leah Juster by **January 8, 2017**.

My child, _____, has permission to attend
(Child's Name)

off-site field trips provided as part of his/her participation in the High School Internship Program. I hereby release the Minnesota Historical Society, the **site**, and Minnesota Historical Society staff, interns, and/or volunteers from any liability for any accident, injury, etc., associated with my child's participation in High School Internship Program activities.

parent/guardian's signature

printed name of parent/guardian

date signed

emergency phone number



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MEDICAL INFORMATION/AUTHORIZATION

Medical Information For The High School Internship Program

Dear Parent/Guardian:

Please identify any medical conditions (including allergies) and/or medications that High School Internship Program staff should be aware of concerning your child. If the High School Internship Program staff will need to administer any medication to your child during internship hours, please complete the relevant section of this form at the bottom of this page.

Medical conditions and/or medications for

_____ (Name of Child)

Medical Authorizations For The High School Internship Program

The administration of medication by Minnesota Historical Society staff to a High School Internship Program participant shall be done only if the pupil's health may be jeopardized without the medication.

Name of Child: _____

Name of medication(s): _____

Amount of medication: _____

Time to be administered: _____

Special Instructions: _____

Signature of Parent/Guardian: _____

All parents: please return this signed form by **January 8, 2017**.

Call the Internship Program at **(651) 259-3189** if you have any questions or concerns.



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Photo Release Form

I/we do hereby permit the Minnesota Historical Society to use and/or reproduce any photographic and/or digital images of myself and/or my child(ren) under the age of 18 taken at a Minnesota Historical Society event or location.

This release gives the Minnesota Historical Society the complete and unequivocal right to use my/our image(s) in any publication, file, promotion, multi-media presentation, and/or world-wide web site relating to and/or for the Minnesota Historical Society for any educational, documentary, and/or promotional purpose(s).

Questions or concerns? Please call the Internship Program at **(651) 259-3189**.

Name _____

Telephone number (_____) _____

Address _____

Name of parent or guardian for child under 18 _____

Signature _____ Date _____

(Signature of model. For child under 18, signature of parent or guardian.)

All parents: please return this signed form by **January 8, 2017**.



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Copyright & Survey Release Form

As part of the High School Internship Program, my child may create original work such as research, sketches, drawings, etc. In addition, the student may be asked to complete surveys and evaluations as part of their participation in the internship program. I do hereby give the Minnesota Historical Society permission to use and reproduce any original work(s) created by my child[ren] as well as permission for them to complete any surveys and evaluations that are considered part of the program.

This release gives the Minnesota Historical Society the complete and unequivocal right to use the original work(s) or survey/evaluation meta-data in any publication, file, promotion, multi-media presentation, and/or world-wide web site relating to and/or for the Minnesota Historical Society for any educational, documentary, and/or promotional purpose(s).

Questions or concerns? Please call the Internship Program at **(651) 259-3189**.

Child's Name _____

Telephone number (_____) _____

Address _____

Name of parent or guardian _____

Signature _____ Date _____

All parents: please return this signed form by **January 8, 2017**.