



## **Solar Eclipse Viewing Permission Slip**

On April 8, 2024 a solar eclipse will be visible on a path across the United States. Our district will be in the path for the solar eclipse. Rockdale School District 84 is planning on viewing this unique event and creating a learning experience for our students.

On April 8, 2024, Rockdale learners (with your permission indicated below) will be allowed to go outside and participate in the viewing of the solar eclipse. Classroom teachers will be providing additional details to the students regarding viewing location as the event approaches.

As always, student safety is our top concern. Looking directly into the sun is unsafe. The only safe way to look at the eclipse is through special-purpose solar filters such as eclipse glasses. The district will provide each student who is participating with these special eclipse glasses for viewing. Although there is no way to fully guarantee student safety during such a rare event, we will take precautionary measures including pre-education to make students aware of the risks involved in directly looking at the sun. **At no time should students or participants remove their glasses and look directly at the sun as it could cause permanent eye damage or other unknown affects. There is no way for the school to guarantee that your child will not remove their eclipse glasses, so please speak with your child about the importance of keeping their eclipse glasses on at all times during the event.**

\*If you want your child to participate in the outdoor viewing activities planned on April 8, 2024 for the eclipse please review, sign and return this form as soon as possible. If you do not wish for your child to be outside during this event or if you do not return this form, alternative activities will be held inside. **By signing this permission slip, you as parent or guardian of a minor child, are acknowledging that you are aware of the possible risks associated with this event, are freely assuming those risks, and waive the right to pursue any and all claims against the District, its agents, employees, Board of Education members, insurers and other acting on the District's behalf (collectively, "Releasees"), of and from any and all claims, demands, causes of action and/or liabilities for physical injury , property damage, injuries to or death of me/my son/daughter occurring during or resulting from the Solar Eclipse Viewing.**

**OVER**

**Consent and Release**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**I, parent/guardian of** \_\_\_\_\_, **(Please check below)**

\_\_\_\_\_ **hereby give consent for my son/daughter to participate in outdoor Solar Eclipse Viewing activities to view the Eclipse on April 8<sup>th</sup>.**

\_\_\_\_\_ **hereby do not consent for my son/daughter to participate in outdoor Solar Eclipse Viewing activities to view the Eclipse on April 8<sup>th</sup>**

\_\_\_\_\_ **Date:** \_\_\_\_\_, **2024**

**Parent Signature**