

**Aberdeen School District
Solar Eclipse Viewing Permission Slip**

On April 8, 2024, we will be able to experience the solar eclipse. Our schools are planning a viewing opportunity for our students to experience this once-in-a-lifetime event. Safety is always a top priority. We will take all precautionary measures to make this experience both safe and enjoyable. Homemade filters or ordinary sunglasses, even very dark ones, are not safe for looking at the sun. Students will not be permitted to look at the uneclipsed or partially eclipsed sun through unfiltered cameras, telescopes, binoculars, or other optical devices, with or without glasses. Because of these very important safety concerns, a parent or guardian signature on this sheet is required for students to participate in the event using the eclipse glasses. Students whose parents do not complete this form will **not be** able to participate.

The ASD Solar Eclipse Viewing Permission Slip must be signed and returned to your child's school by Monday, April 8th.

Parental Consent

I/We, parent(s)/guardian(s) of _____, hereby give consent for my/our son/daughter to participate in this school-approved activity to view **"The Total Eclipse"** on April 8, 2024 at _____ School using eclipse-safe viewing glasses. My/our son/daughter will abide by guidelines set up by ASD, and their school. I/We have been informed viewing the eclipse involves risk, which could result in injury to the eyes, if eclipse safe viewing glasses are not worn properly.

I/We hereby release _____ School/Aberdeen School District and its Superintendent as well as its school board as well as any and all of its employees and volunteers from any and all liability for any and all harm/damages arising to my/our son/daughter as a result of this school-approved activity. By my signature below, I understand that there is a **REAL** risk of permanent damage to my child's eyes by participating in this activity. This release shall pertain to teachers, employees, volunteers, family, and all liability legal and financial of any kind relatively involving damages of any kind, type or nature that may occur to my child or children including damages associated with permanent damage associated to the eye or eyes and all medical bills and costs associated with the viewing of such solar eclipse.

Student Name:(Please Print) _____

Special Health Conditions: _____

Parent/Guardian Name:(Please Print) _____

Parent/Guardian Signature: _____