**Solar Eclipse Viewing Permission Slip**

A total solar eclipse will occur on Monday, August 21, 2017, in some parts of the country; Pasco County will experience between a 60 percent and 80 percent solar eclipse. This eclipse is special because people can only see it from inside the United States, and it is the first time that an eclipse like this has happened in nearly 100 years.

Elementary schools will only view the partial eclipse indoors. Your child's teacher is planning viewing opportunities unique to your school to allow students to experience this once-in-a-lifetime event. However, there is a significant risk of eye injury if eclipse-safe viewing glasses are not worn appropriately while looking at the eclipse. Schools that plan viewing lessons have purchased eclipse-safe viewing glasses for students, but your children will still have the personal responsibility to keep those glasses on while viewing the eclipse.

**Safety is always a top priority**. 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 eclipse-safe viewing glasses. (For more information on viewing the eclipse safely to prevent eye damage, please visit <https://eclipse2017.nasa.gov/safety>.)

Because of these safety concerns, **a parent or guardian signature on this sheet is required in order for students to participate** **in the event** using the eclipse-safe viewing glasses. Students whose parents do not complete this form will not be able to attend the viewing.

**Parental Permission – COMPLETE AND RETURN TO STUDENT’S TEACHER BY MONDAY, AUGUST 21, 2017**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Student I.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We, parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give consent for my/our son/daughter to participate in this activity to view the solar eclipse on August 21, 2017, using eclipse-safe viewing glasses. 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 Pasco County Schools as well as any and all of its board members, employees, administrators, volunteers, and insurers from any and all liability for any and all harm arising to my/our son/daughter as a result of this activity.

Legal Parent/Guardian Signature Date

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