

Solar Eclipse Event – Viewing Opt-out Form

On April 8th, a total solar eclipse will be making its way across North America. With such a monumental event occurring during the school day, _____ School will be conducting a viewing of the event for students, faculty and staff members who wish to participate. Safety is our top priority, and we would like both you and your student to be aware of the precautionary steps we are putting in place.

Homemade or ordinary sunglasses are not sufficient ways to view an eclipse, as the reflectivity and polarization are not high enough for viewing in a safe manner. To ensure that each participant is safe, _____ School will be supplying those who wish to participate with a pair of glasses specifically designed for eclipse viewing. These glasses conform to the transmission requirements set by the International Organization for Standardization (ISO), and glasses must be kept on at all times during viewing. Students should never look at the sun without special eye protection, and removing glasses even temporarily may have serious effects on your eyes.

Because of these safety concerns, a parent or guardian who does not want their student to participate must complete the opt-out section below and return to the student's teacher. For more information relating to overall safety viewing during an eclipse, visit <https://science.nasa.gov/eclipses/future-eclipses/eclipse-2024/safety/>

Parental Opt-out Request

Student Name: _____ **Grade:** _____

Advisor/Teacher: _____

I/We the parent(s) or guardian(s) of _____, DO NOT want my/our son/daughter to participate in this school-approved activity to view the solar eclipse on April 8, 2024 using eclipse-safe viewing glasses. I/we have been informed that viewing the eclipse involves risk, which could result in injury to the eyes if eclipse-safe viewing glasses are not worn properly; therefore, I do not wish for my child to participate.

Parent(s)/Guardian(s) signature

Date