

Opt-In Solar Eclipse Viewing Permission Form

Student Name _____

I understand that Preston Public School will allow the students to go outside and view the solar eclipse of Apr 8, 2024 . I understand that Preston will provide the students with ISO viewing glasses and that the students will be instructed to leave the glasses on at all times while looking at the eclipse.

As a parent, I understand that there are risks involved with viewing a solar eclipse. I am aware of additional information provided to me through some informative websites.

<https://science.nasa.gov/eclipses/future-eclipses/eclipse-2024/>

<https://eclipse.aas.org/eye-safety/viewers-filters>

I understand that by signing and returning this form I am agreeing to allow my child to participate in the viewing of the solar eclipse that is taking place on Apr 8, 2024 .

Student name _____

Parent name _____

Signature of Parent or Guardian _____

date _____