



**O'Neill Elementary School**  
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**O'Neill Elementary Eagle Way 🦅 Be Safe 🦅 Be Responsible 🦅 Be Respectful**

### **In School - Solar Eclipse Viewing Permission Form**

This event is being called "The Great American Solar Eclipse," because it is the first time since 1918 a solar eclipse will be visible on a path across the entire continental United States. The school has purchased eclipse-safe viewing glasses for students, faculty and staff. 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 un-eclipsed, partially eclipsed or fully eclipsed sun through unfiltered cameras, telescopes, binoculars, or other optical devices, with or without glasses. (For more information on viewing the eclipse safely to prevent eye damage, please visit <http://eclipse.semo.edu/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 glasses. Students whose parents do not complete this form will not be able to view the event at school.

Student Name: \_\_\_\_\_ Health Concerns: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Email: \_\_\_\_\_

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 Great American Solar Eclipse" on August 21, 2017 at O'Neill Elementary School using eclipse-safe viewing glasses. My/our son/daughter will abide by the OES Student Code of Conduct, as well as guidelines set up by the teachers. 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 O'Neill Public Schools as well as any and all of its employees and volunteers from any and all liability for any and all harm arising to my/our son/daughter as a result of this school-approved activity. I/We hereby grant O'Neill Public Schools the absolute right and permission to use, re-use and distribute visual and aural representations of my child in photography, video, audio and other related media formats and waive any right to inspect or approve the finished product(s).

This permission slip must accompany the student and be turned in to the supervising teacher during their designated viewing time.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone #1

\_\_\_\_\_  
Emergency Phone #2

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date