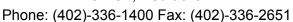


O'Neill Elementary School Mr. Jim York, Principal Mrs. Jill Brodersen, Assistant Principal

1700 N. 4th Street P.O. Box 230 O'Neill, Nebraska



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: _				
100	l' () 6			
				ereby give consent for my/our
•			•	e Great American Solar Eclipse" on
•		•	• .	ing glasses. My/our son/daughter will
•		-	<u> </u>	up by the teachers. I/We have been
	•	-		o the eyes, if eclipse-safe viewing
•		•		pols as well as any and all of its
		•	,	n arising to my/our son/daughter as a
		•		Schools the absolute right and
			•	ns of my child in photography, video,
audio and otner	related media to	rmats and w	aive any right to inspect o	r approve the finished product(s).
This nermission	slin must accom	nany the sti	ident and he turned in to t	he supervising teacher during their
designated view	•	iparry trie ott	ident and be tarried in to t	ne supervising teasirer during their
accignated view	ing unio.			
Parent(s)/Guardian(s)) Signature	Date	Emergency Phone #1	Emergency Phone #2
Student's Signature		 Date	_	