



SEclipse
8.21.17
12:02:21 P.M.

CELEBRATE THE GREAT
AMERICAN ECLIPSE AT
SOUTHEAST!

Solar Eclipse Viewing Permission Slip

On August 21, 2017, Cape Girardeau will be in the path of totality for the solar eclipse. 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. Southeast Missouri State University is planning a viewing opportunity for area schools not in the path of totality to allow students to experience this once-in-a-lifetime event. The university 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 uneclipsed or partially 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 attend.

Parental Consent

Student Name: _____ Special Health Conditions: _____

School: _____ Grade: _____ Age: _____ Date of Birth: _____

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 Southeast Missouri State University using eclipse-safe viewing glasses.

My/our son/daughter will abide by Southeast Missouri State University's Student Code of Conduct, their school's rules and regulations as well as guidelines set up by the teachers.

I/We have been informed our son/daughter's school will be providing the chaperones and assume full responsibility for their students.

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 Southeast Missouri State University 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 Southeast Missouri State University the absolute right and permission to copyright and 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).

Parent(s)/Guardian(s) Signature

Date

Emergency Phone #1

Emergency Phone #2

Student's Signature

Date

School Official's Signature

School Official's Title

Date