

**Henry County Schools
Eclipse Parent Consent Form**

Dear Parents/Guardians,

On August 21, 2017, our students will have the rare opportunity to view a once-in-a-lifetime solar eclipse. Henry County Schools will be delaying dismissal by 1 hour on this day only to allow for better supervision of students during this event. Solar eclipses are very powerful and looking at the sun, without proper solar filters, can result in eye damage. The delayed dismissal ensures students will not be on buses during the height of the eclipse thereby limiting the opportunity for students to look into the sun without eye protection.

During this time, Impact Academy will engage students in a variety of educational viewing experiences. At Impact Academy, we are designing both inside and outside viewing experiences for students. Our planned outside viewing options may include indirect viewing methods to let children view the eclipse (e.g., projecting the light onto another surface with a mirror) and/or direct viewing options utilizing eye shades that are specially made for this purpose.

While teachers will educate students on the dangers of directly looking into the sun (for indirect outside viewing options) and/or will direct them to keep school-provided eyewear on at all times (for direct outside viewing options), teachers are unable to guarantee that students will not make independent choices that could compromise their safety. Please discuss with your child the importance of following safety guidelines.

Given the potential health risk of students looking directly into the sun without appropriate eye covering during an outdoor experience, we are asking parents to decide what viewing option(s) they want their child to experience during this once-in-a-lifetime event.

Utilize the form below to indicate which viewing option you want your child to experience. Please sign the form and return it to your child's school by August 18th. This form will be retained in school records to document your notice of the risk associated with outside viewing experiences and the choice you made for your child.

If you have questions, please do not hesitate to contact us!

Sincerely,
Steve Thompson
Principal

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I _____ grant my child
(Print parent's name clearly)

_____ permission to:
(Print child's name clearly)

Select ONE option:

_____ view the eclipse through an INDOOR (indirect) experience ONLY.

_____ view the eclipse through BOTH indoor (indirect) and an outdoor (direct) experiences.

Parent Signature Date

Please return completed/signed form to your child's school by August 18th.

Note: Students without a returned form will be provided an indoor experience only.