



LOS ANGELES UNIFIED SCHOOL DISTRICT
Eagle Rock Junior/Senior High School

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SOLAR ECLIPSE VIEWING PERMISSION SLIP

On August 21, 2017, for the first time since 1918, a solar eclipse will be visible on a path across the United States. From our school, we will experience a partial eclipse, and we are planning the following learning experience for our students.

ERHS will provide an outdoor opportunity for students to view the shadows and other phenomena using approved eyewear from 10:20am-10:40am. Students may participate in an outdoor, standards-based instruction with a teacher, given parent/family consent.

As always, student safety is our top priority. Looking directly at the sun is unsafe and can cause permanent eye damage or other unknown effects. The only way to safely look at the sun – uneclipsed or partially eclipsed – is through special-purpose solar filters, such as “eclipse eyewear.” According to NASA, homemade filters or ordinary sunglasses, even those with very dark lenses, are not safe for looking at the sun.

Although there is no way to guarantee student safety during such a rare event, we will take precautionary measures to ensure that students are aware of the risks of looking directly at the sun. At no time should students or other participants remove their eclipse eyewear and look directly at the sun. Please speak with your child about the importance of keeping their eclipse eyewear on during this event. For more information, visit <https://eclipse2017.nasa.gov/safety>.

If you want your student to participate in an outdoor viewing activity with a teacher planned for August 21st, from 10:20am-10:40am, please review, sign and return this form to your child’s teacher. For students not participating in an outdoor event, they will remain indoors during period 6. It is recommended by LAUSD that all staff and students remain indoors from 9am-noon; PE and lunch should take place indoors to avoid risks of looking directly at the sun.

As the parent or guardian of a minor child, you acknowledge that you are aware of the risks associated with this event, that you freely assume those risks, and that you waive the right to pursue any and all claims against the Los Angeles Unified School District, its agents, employees, Board of Education members, insurers and others acting on the District’s behalf.

----- **Consent and Release** -----

I, the parent/guardian of _____, hereby understand outdoor solar eclipse viewing activities may take place on August 21, 2017. Mark one:

_____ I do not give my consent for my son/daughter/ myself to participate.

_____ I give my consent for my son/daughter/ myself to participate.

Parent/Guardian Name and Signature: _____

Student Name: _____ Grade: _____

Period 6 Teacher & Room _____

Sincerely,

Mylene Keipp
 Principal