

Informed Consent Form for Solar Eclipse Viewing

School Division: Red Deer Catholic Regional Schools

Student Name(s):

Date of Solar Eclipse: April 8th, 2024

Introduction:

The [Insert School Division Name] recognizes the educational value and significance of celestial events such as solar eclipses. On April 8th, [Insert Year], there will be a solar eclipse observable from our region. As part of our educational program, we plan to organize a supervised viewing activity for students during the eclipse. Please read this form carefully and provide your informed consent for your child(ren) to participate.

Description of Activity:

During the solar eclipse viewing activity, students will have the opportunity to observe the solar eclipse through specialized eclipse-viewing glasses or other safe viewing methods. The activity will be supervised by trained staff members to ensure safety and educational engagement.

Risks:

While observing a solar eclipse can be an exciting and educational experience, it's important to acknowledge potential risks associated with direct observation of the sun, including but not limited to:

1. Eye damage: Looking directly at the sun without proper eye protection can cause permanent eye damage, including solar retinopathy.
2. Other hazards: There may be risks associated with outdoor activities such as tripping hazards or exposure to inclement weather conditions.

Safety Measures:

To mitigate these risks, the following safety measures will be implemented:

1. All students should have approved solar viewing glasses or other safe viewing methods.
2. Supervision by trained staff members will be provided throughout the activity.
3. Students will be instructed on the proper use of eclipse-viewing equipment and safe viewing practices.

Parental Consent:

I, the undersigned parent or legal guardian of the student(s) named above, hereby consent to my child(ren) participating in the solar eclipse viewing activity organized by the [Insert School Division Name] on April 8th, [Insert Year]. I have read and understand the information provided in this consent form, including the potential risks associated with the activity.

I understand that while the [Insert School Division Name] will take all reasonable precautions to ensure the safety of participating students, I am ultimately responsible for my child(ren)'s participation in the activity.

Parent/Guardian Signature:

Date:

Emergency Contact Information:

Please provide the following information in case of emergency during the solar eclipse viewing activity:

- Parent/Guardian Name:
- Contact Number(s):
- Emergency Contact (if different):
- Emergency Contact Number(s):

Thank you for your cooperation. If you have any questions or concerns regarding this consent form or the solar eclipse viewing activity, please don't hesitate to contact us at [Insert Contact Information].