



Sean W. Bulson, Ed.D., Superintendent of Schools  
102 S. Hickory Avenue, Bel Air, Maryland 21014  
Office: 410-838-7300 • www.hcps.org • fax: 410-893-2478

## Field Trip Letter and Permission Form Without Chaperone

4/1/2024

Dear Parents and Guardians:

On 4/8/2024, your child is invited to take an educational field trip with his/her class to an on-site outdoor location. The purpose of this field trip is to view the solar eclipse.

This trip has been planned in such a way to be beneficial to each student with specific consideration to the safety of all participants. An appropriate number of teachers and staff members will provide supervision for the group during the experience. This experience will take place entirely within the school day, on school grounds. The Office of Science has purchased eclipse glasses for elementary students and staff which will be distributed to schools prior to April 8<sup>th</sup>.

Your permission is necessary for your child to participate in this experience. Please complete, sign, and return the form by 4/5/2024

Due to the nature of the field trip, chaperones will not be needed.

This field trip is intended to support and enhance your child's instructional program. The school may cancel a field trip at any time and will not be held responsible for cancelled trips. While present, students are expected to honor the school's behavioral expectations as all school rules and policies apply.

We look forward to a meaningful learning experience!

Sincerely,



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Please complete, sign, and return to your child's teacher by 4/5/2024

My child, \_\_\_\_\_, has my permission to participate in the field trip to an on-site, outdoor location. The nature of the activity includes: viewing the solar eclipse. The Office of Science has purchased eclipse glasses for elementary students and staff which will be distributed to schools prior to April 8th.

In the event of an emergency, please contact me at:

HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_

In the event you cannot contact me, please contact the following person at the number provided.

ALTERNATIVE CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Relationship to Child

\_\_\_\_\_  
Printed Parent/Guardian Name Date

**ACKNOWLEDGEMENT**

I acknowledge that my child's participation in witnessing a total solar eclipse is voluntary and that there are inherent risks associated with observing such natural phenomena. I understand that despite any precautions taken, such as the use of protective eyewear and adherence to safety guidelines, there may still be potential risks involved. I am committed to communicating any concerns I have about the total eclipse viewing activity and will seek clarification or guidance as needed. I confirm that my child and I have reviewed and agree to comply with the terms and conditions outlined in the school's policies and procedures regarding the eclipse viewing lesson. Additionally, we understand that decisions made by teachers, staff, and those in authority are to be respected and followed. I acknowledge that the school may terminate my child's participation in the total eclipse viewing activity at any time if they fail to adhere to safety regulations or for any reason deemed necessary to ensure the well-being of all participants. I have been informed of the details of this activity as communicated by the school, and I understand the nature of the experience my child will be participating in.

\_\_\_\_\_  
Parent/Guardian Signature Date