

Kinsley-Offerle Schools

Edwards County

USD No. 347

120 West 8th Street
Kinsley, KS 67547

Becky Burcher
SUPERINTENDENT OF SCHOOLS

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August 18, 2017

Dear Kinsley-Offerle Parents,

The Kinsley-Offerle School District is excited to be a part of Solar Eclipse 2017, and we feel like we have a great teachable moment coming up on Monday! We want you to know our thoughts as we progress toward this memorable date in history. We also want you to understand that we have been thinking about the safety of your son or daughter and that it is at the forefront of everything we do as a district.

Our administrators and teaching staff have been planning for this event and thanks to Joan Weaver from the Kinsley Public Library, we have the ISO recognized solar eclipse glasses endorsed by NASA. We will instruct all students in the proper wearing of the eclipse glasses well before the event takes place. Even with these items planned and ready, and knowing our staff will do everything possible to make sure students comply with these instructions, there is no way we can guarantee that a child will not take the glasses off and look at the eclipse without the glasses.


Therefore, we will be requiring a parent or guardian to sign an opt-in form to allow your son or daughter permission to view the eclipse. We will send these opt-in forms home today with the students. We will not accept phone calls allowing permission to opt-in over the phone on that day so if your son or daughter does not bring the form home, you can print it from our website. **THIS FORM MUST BE RETURNED ON MONDAY, AUGUST 21, 2017!!**

Elementary Parents: In being pro-active, Mrs. Dooley had an opt-out form for KOES parents available at supply drop-off on Wednesday. Since then, more school districts have been turning to the KASB opt-in form which is attached. **Please do not be alarmed by the wording**, however, we must abide by what is recommended by our legal advisors. School staff will be monitoring the students closely to keep them from any harm.

You know your child much better than we do and **if you do not feel comfortable with them viewing the eclipse please do not sign the opt-in form**. You may also keep your child home if you choose to do so on Monday, and it will be an excused absence. Please just let your school know on Monday so we know that you are allowing your child to stay home.

It seems that this is turning into a major production but we want you to know your kids will be safe. The eclipse should be a great educational experience and we hope to make this a wonderful kickoff to an awesome school year!

Sincerely,


Becky Burcher, Superintendent


"Home of the Coyotes"

Consent to Participate in Viewing the Solar Eclipse/Activities Associated with the Solar Eclipse and Release and Waiver of Liability - KASB Legal Department

I, _____ (name of parent or legal guardian), the [check one] ☐ parent ☐ legal guardian of _____ (name of student) give my consent for my child to participate in Viewing the Solar Eclipse and Activities Associated with the Solar Eclipse on August 21, 2017 (hereinafter the "Activity").

Parent/Guardian does hereby release and forever discharge and hold harmless Kinsley-Offerle USD 347, Edwards County, Kansas (hereinafter the School District) from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from student's participation in the Activity. Parent/Guardian hereby expressly and specifically assumes the risk of injury or harm related to Student's participation in the Activity and releases the School District from all liability for injury, illness, death, or property damage resulting from the Student's participation in the Activity.

Parent/Guardian understands that this Consent to Participate in Viewing the Solar Eclipse and Activities Associated with the Solar Eclipse and Release and Waiver of Liability (hereinafter Waiver) discharges the School District from any liability or claim that Student (or Parent/Guardian) may have against the School District with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Student's participation in the Activity, whether caused by the negligence of the School District or its officers, directors, employees, or agents or otherwise. Parent/Guardian also understands that the School District does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

I have read and understand the foregoing Waiver. I further give my legal consent and authorize any representative of the School District to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the Activity by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801 and any hospital. Parent/Guardian does hereby release and forever discharge the School District from any claim whatsoever which arises or may hereafter arise on account of first aid, treatment, or services rendered in connection with Student's participation in the Activity.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency service incurred on behalf of my child. I acknowledge and agree that the School District is not responsible for any medical or hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to provide current work and home phone numbers to the school. A photocopy of this document shall have the same force and effect as the original.

This form must be signed and returned to the school by August 21, 2017, if the student named above is to participate in the Activity.

Signed: _____
Parent or Legal Guardian

Date: _____