

In the event that a medical emergency occurs, I authorize the New Jersey Latvian School to provide emergency first aid care until a first aid squad or I arrive and to seek emergency medical care for my child, \_\_\_\_\_, as deemed necessary by the Director/Assistant Director.

In addition, the copy of my medical insurance card is attached to this document.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

-----

I hereby allow the New Jersey Latvian School to use photographs of my child, \_\_\_\_\_, on their website or in any mailings, etc.

I hereby prohibit the New Jersey Latvian School to use photographs of my child, \_\_\_\_\_, on their website or in any mailings, etc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian