



# Rocking Horse Academy Emergency Plan & Transportation Parent Consent

To the Parent(s)/Guardian of \_\_\_\_\_  
Print Child's Name

By signing this form, I acknowledge that I have read and understand Rocking Horse Academy's Emergency Plan Parent Letter and I give permission for my child to be transported in the event of an emergency.

\_\_\_\_\_  
Parent/Guardian Name (please print)

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

\_\_\_\_\_  
Date

**Please provide us with 1 or more emergency contact other than parent or guardian. Addresses MUST be included.**

EMERGENCY CONTACT	
NAME	RELATIONSHIP
_____	
ADDRESS	CELL
_____	

EMERGENCY CONTACT	
NAME	RELATIONSHIP
_____	
ADDRESS	CELL
_____	

If you choose NOT to provide an emergency contact, please sign below:

I, \_\_\_\_\_ (parent/guardian), choose to not list an emergency contact for  
\_\_\_\_\_ (child).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (parent/guardian)

**Please return to us as soon as possible or by your first day of enrollment.  
Families will be asked to review and sign this form annually at Back to School Night.**