SECTION D — EMERGENCY AUTHORIZATION

In the event of an emergency and none of the above individuals are reachable, camp staff may release the scholar to emergency services or law enforcement only.

Parent/Guardian Signature _____ Date _____

Printed Name _____ _____

FOR OFFICE USE ONLY — Form Received By: _____ Date: _____

FIVE HORSEMEN NONPROFIT, INC.

STEM, Leadership & Academic Literacy Day Camp

July 22–25, 2026 | YMCA of Metro Atlanta Leadership & Learning Center

FORM 2A

MEDICAL HISTORY & HEALTH FORM

Please complete all sections thoroughly. Information is kept strictly confidential.

SECTION A — SCHOLAR INFORMATION

Scholar's Full Name:	
Date of Birth:	
Primary Care Physician:	
Physician Phone Number:	
Health Insurance Provider:	
Policy / Member ID #:	

SECTION B — EXISTING CONDITIONS & CHRONIC ILLNESSES

Check all conditions that apply to the scholar and provide details where indicated:

☐ Asthma
☐ Diabetes (Type 1 or Type 2)

☐ Epilepsy / Seizure Disorder
☐ Heart Condition
☐ Sickle Cell Disease
☐ ADHD / ADD
☐ Anxiety / Depression
☐ Vision Impairment
☐ Hearing Impairment
☐ Other:

Details / Explanation (attach physician's note if available):

SECTION C — IMMUNIZATION RECORDS

Please list the scholar's most recent vaccination dates below. Attach an official copy of the immunization record if available.

Vaccine	Date Administered	Next Due Date (if applicable)
Tetanus/Tdap		
MMR (Measles, Mumps, Rubella)		
Hepatitis B		
Varicella (Chickenpox)		
Meningococcal		
COVID-19 (optional)		

SECTION D — PHYSICAL LIMITATIONS & ACTIVITY RESTRICTIONS

Does your scholar have any physical limitations that may affect participation in camp activities?

☐ No — the scholar may participate in all activities without restriction.
☐ Yes — the scholar has the following limitations or restrictions (attach physician's note):

Parent/Guardian Signature

Date

Printed Name