FIVE HORSEMEN NONPROFIT, INC.

STEM, Leadership & Academic Literacy Day Camp

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

FORM 2B

ALLERGY INFORMATION FORM

This form must be completed for any known food, environmental, or medication allergy.

SECTION A — SCHOLAR INFORMATION

Scholar's Full Name:	
Date of Birth:	

SECTION B — KNOWN ALLERGIES

Allergy Type	Specific Allergen(s)	Severity (Mild / Moderate / Severe)	Symptoms / Reaction
Food			
Environmental			
Medication			

SECTION C — EMERGENCY RESPONSE PROTOCOL

In the event of an allergic reaction, camp staff should take the following steps (check all that apply and provide instructions):

☐ Administer EpiPen/epinephrine auto-injector (location: _____)
☐ Administer antihistamine (Benadryl or other — see Section D for details)
☐ Call 911 immediately for any severe/anaphylactic reaction
☐ Contact parent/guardian immediately at the number(s) on file
☐ Other instructions:

SECTION D — EpiPen / MEDICATION ON FILE