FIVE HORSEMEN NONPROFIT, INC.

STEM, Leadership & Academic Literacy Day Camp

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

FORM 3B

MEDICAL TREATMENT CONSENT FORM

Authorizes camp staff to provide first aid and seek emergency medical care on behalf of the scholar.

SECTION A — SCHOLAR & GUARDIAN INFORMATION

Scholar's Full Name:	
Date of Birth:	
Blood Type (if known):	
Primary Guardian Name:	
Primary Phone (call first):	
Secondary Guardian Name:	
Secondary Phone:	
Alternate Emergency Contact:	
Alternate Contact Phone:	
Relationship to Scholar:	

SECTION B — PREFERRED MEDICAL PROVIDER

Primary Care Physician:	
Physician Phone:	
Preferred Hospital / ER:	
Health Insurance Provider:	
Policy / Member ID #:	
Group Number:	

SECTION C — CONSENT FOR MEDICAL TREATMENT

I, the undersigned parent or legal guardian, hereby authorize Five Horsemen Nonprofit, Inc. (FHN) camp staff and/or designees to:

☐ Provide basic first aid treatment (e.g., bandages, ice packs, antiseptic)

☐ Contact emergency medical services (911) in the event of a serious injury or medical emergency

☐ Consent to emergency medical treatment, including hospitalization and surgery, if I cannot be reached in a timely manner and a licensed medical professional determines treatment is necessary

☐ Transport the scholar via ambulance or other emergency vehicle to the nearest appropriate medical facility

I understand that FHN staff will make every reasonable effort to contact me before authorizing medical treatment beyond basic first aid. I agree that FHN and its staff shall not be held liable for medical decisions made in good faith during an emergency when I cannot be reached.

SECTION D — KNOWN CONDITIONS RELEVANT TO EMERGENCY CARE

List any medications, allergies, or conditions emergency responders should be immediately aware of:

Parent/Guardian Signature _____ Date _____

Printed Name _____ Relationship to Scholar _____

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FORM 3C

PHOTO & MEDIA RELEASE FORM

Governs the use of photographs, video, and likeness of the scholar by Five Horsemen Nonprofit, Inc.

SECTION A — SCHOLAR & GUARDIAN INFORMATION

Scholar's Full Name:	
Date of Birth:	
Parent/Guardian Name:	
Email:	

SECTION B — SCOPE OF MEDIA USE

Photos, videos, and audio recordings captured during the FHN Day Camp may be used for organizational purposes including, but not limited to the following. Your consent in Section C below applies to all listed uses. If you wish to restrict specific uses, note them in Section D.

- FHN website and online digital content