



HUMC Preschool Child's Application

15395 Hwy 17
Hampstead, NC 28443
(910) 270-3388

CHILD'S INFORMATION

EMERGENCY and PICKUP INFORMATION

Local emergency contact (if parents cannot be reached):

Name & Relationship

All Phone Numbers

MEDICAL INFORMATION

Known allergies, medical conditions, disabilities, complications, fears or other pertinent info:

Child's physician:

Group name:

Phone:

Address:

Preferred Hospital:

I will comply with the policies and procedures of HUMC Preschool. I authorize the staff to choose appropriate emergency care for my child in the event I nor my child's doctor can be contacted.

Office Use Only

Signature of parent or guardian

Date

A COPY OF THE CHILD'S IMMUNIZATION RECORD MUST ACCOMPANY THIS FORM.