

Newfoundland and Labrador Healthy Baby Club



HBC site _____

PERMISSION TO SHARE INFORMATION

Please notify the HBC participant of this form during the initial interview and fill out as needed. Indicate with a ✓ where permission to share information is agreed.

Name _____
(Please Print)

Due Date _____
(MM/DD/YYYY)

Resource Mother(s) _____

I, _____, give permission to
_____, Resource Mother(s) with the
_____ Healthy Baby Club to share relevant
information that supports my current pregnancy with the following

- ___ Regional Nutritionist
- ___ Public Health/Community Health Nurse for Healthy Baby Club
- ___ Healthy Baby Club Coordinator
- ___ Family Resource Program Coordinator/Executive Director
- ___ Physician/Midwife/Nurse Practitioner
- ___ Other (please specify) _____

I understand that I can withdraw permission at any time.

Healthy Baby Club Participant Signature

Date

Witness (Resource Mother can witness the signature)