

Newfoundland and Labrador Healthy Baby Club



HBC site _____

PHYSICIAN NOTIFICATION

I, _____ am a participant of the _____
Healthy Baby Club.

As a participant of the Healthy Baby Club I receive from my Resource Mother, with the guidance of the Public/Community Health Nurse and Regional Nutritionist the following:

- food supplements (6 litres of milk¹, a dozen eggs and oranges per week)*
- food and nutrition education, and
- prenatal education and support.

If you have any questions about the Healthy Baby Club please contact my Resource Mother, _____ at _____ .
Name Telephone Number

Please complete the following information for me to share with my Resource Mother:

Number of weeks gestation: _____ Due Date: _____
MM/DD/YYYY

Healthy Baby Club Participant Signature

Physician Signature

Date

Please print name

¹ Participants under 19 years of age receive 7 litres of milk per week.

*Substitutions may be made with the guidance of a Nutritionist.