



Breastfeeding Friendly Business Award

Nomination Form

Business Name: _____

Address: _____

Contact at the Business (if applicable): _____

Your Name: _____ Phone Number: _____

Questions? Contact afrance@co.wood.wi.us or call 715-421-8911

Nomination Criteria Options (select all that apply):

- Provides a comfortable, private space for breastfeeding
- Has a breastfeeding friendly policy in place for staff
- Has a breastfeeding friendly policy in place for visitors
- Easily accommodates breastfeeding employees
- Supports breastfeeding through local coalition involvement
- Has made major improvements in supporting breastfeeding in the past year
- Other: _____

Provide additional comments here:

Thank you for your nomination!

Complete form and e-mail to afrance@co.wood.wi.us or mail Attn: Amber France to the Wood County Health Department – 111 W Jackson St - Wisconsin Rapids, WI 54494
Questions? Contact afrance@co.wood.wi.us or call 715-421-8911

