

Electric Breast Pump Loan/Release Form

Date: _____

WIC ID: _____

Name: _____

Address: _____

Phone Number: _____

Baby's DOB: _____

Pump Type: _____

Serial Number: _____

I acknowledge that I have received a _____ breast pump from the
_____ WIC Program.

- ▶ The operation, use and care of this breast pump have been explained to me.
- ▶ I have also been given information on proper storage of breastmilk and monitoring of the breastfed infant.
- ▶ I agree to protect, care for and keep the breast pump clean.
- ▶ I agree to return the breast pump clean and in good condition.
- ▶ I agree to return the breast pump to the WIC office upon request.
- ▶ The breast pump is for my use only.
- ▶ I understand that I am under no obligation to use the breast pump, and that I may discontinue its use at any time.
- ▶ I release the WIC Program from any liability regarding my use of this breast pump.

Call the WIC Program at (_____) if you have problems with this pump or need help pumping.

Participant Signature Date

WIC Representative Signature Date

This institution is an equal opportunity provider.