

## 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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