

# Multi-user electric breast pump loan agreement



WIC Clinic: \_\_\_\_\_ Hospital partner site: \_\_\_\_\_ Date: \_\_\_\_\_

## Participant information ↓

Name		WIC ID
Infant's name	Infant's DOB	
Address	City	ZIP
Home telephone	Work/message telephone	
Alternate contact person	Relationship	Telephone
Address	City	ZIP

## FOR STAFF USE ONLY

### Type of pump issued:

- Lactina
- Double pumping kit
- Other: \_\_\_\_\_

Pump serial #: \_\_\_\_\_

### Reason for loan:

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

### Follow-up Notes:

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

## Loan Conditions

Read each statement, initial each box, and sign below.

- I have **not** received a breast pump from my health care provider / insurer.
- I understand that this breast pump is the property of the WIC program and is on loan to me. I will protect the pump from theft or loss by keeping it in a secure location at all times. I will not smoke around the pump. I will not sell the pump, give it away, or let anyone else use it.
- I will return the breast pump in clean condition to the location stamped on the pump. I will return the pump by the following date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or earlier if I no longer need the pump, if I leave Oregon, or if WIC asks me to do so. **If I fail to return the breast pump, I agree to pay the WIC program back for the cost of the pump.**
- I have received instruction on the assembly, use, and cleaning of the pump, and I understand how to safely store my breast milk. I will use the breast pump according to the instructions provided. I will call \_\_\_\_\_ if the pump is not working properly, if parts break, or to report any loss, theft, or damage to the pump.
- I understand WIC may contact me to provide breastfeeding support and assess my continued need for the breast pump. I will maintain enrollment in WIC. I will notify WIC if I change my name, address, or phone number. I give clinic staff permission to contact my alternate contact listed above if I cannot be reached.
- I understand that I should not use marijuana or street drugs while breastfeeding because it is a health risk for my baby.
- I agree not to make a claim against any local or state WIC program or their employees for any damages or expenses that come from borrowing or using this pump.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

## Sign below when pump is returned ↓

Condition of returned pump \_\_\_\_\_

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_