Breast pump release form

FOR STAFF USE ONLY

Type of pump issued

☐ Hygeia ☐ Medela Manual pump — 2 handed
☐ Hygeia ☐ Medela Manual pump — 1 handed
☐ Hygeia ☐ Medela Personal double electric pump
☐ Medela Lactina Serial # _____

Reason for issuance

☐ Work ☐ School ☐ Other _____

Comments _____

_____

_____

Reviewed with WIC participant

☐ Breast pump assembly
☐ Breast pump use
☐ Breast pump cleaning
☐ Pumping plans
☐ Storage of breast milk
☐ Other _____
☐ Written information or manufacturer website link provided

Issued by: _____ **Follow up date (within 48 hours):** _____

Please read each statement, initial the box, and sign below:

- ✓ I have not received a breast pump from my health care provider / insurer. ☐
- ✓ I have received a breast pump from WIC. The use of the pump has been explained to me and I fully understand how to use it.
- ✓ I understand that this breast pump is for my use only. I will not sell this pump, give it away, or share it with anyone else because it is against WIC rules. I will keep it in a safe place for future use, as personal double electronic breast pumps are only provided once every 3 years. I will return this pump if WIC asks me to do so.
- ✓ I understand that using street drugs or legal substances such as alcohol, marijuana, or certain medications is not safe while breastfeeding because they may harm 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 breast pump.
- ✓ I have been offered a copy of this form.
- ✓ I have read this form and fully understand it.

Call your WIC clinic at _____ if you have any questions or problems with this pump.

_____ WIC participant name

_____ Infant DOB

_____ WIC ID number

_____ WIC participant signature

_____ Phone number

_____ Message phone

_____ Date

WIC is an equal opportunity program and employer.
This form is available in alternate formats by calling 971-673-0040.