

Colorado WIC Breast Pump/Aid Release Form

FOR WIC CLINIC USE ONLY

Pump Issued

- Spring Express Manual
- Harmony Manual
- Pedal ID # _____
- Loan Lactina Serial # _____
- Loan Symphony Serial # _____
- WIC-in-Style

Aid Issued

- Breast shells
- Collection kit
- Supplemental Nursing System

Reviewed with Participant

- Pumping plans
- Storage of breast milk
- Breast pump/aid assembly
- Breast pump/aid use
- Breast pump/aid cleaning
- Returning to work or school
- Who to call for help

Issued by:

Follow-up date:

Participant read and initial by each statement below:

- I have been given the breast pump/aid marked above.
- The use of the pump/aid has been explained to me and I fully understand how to use it.
- For baby's health, I understand that this pump/aid is for *my use only*. I will **not give, sell, or try to sell**, this pump/aid to anyone or to avoid cross contamination I will not let anyone else use it".
- I understand that the WIC Program, its employees, and the Colorado Department of Public Health and Environment are **not** responsible for any personal damage caused by the use of this breast pump/aid or caused by information and instruction provided by WIC staff.

For loaned electric and pedal pumps:

- I understand that this pump is the property of the Colorado WIC Program and must be returned to the WIC office by the following date: _____.
- I understand that I will make and keep monthly appointments while I have the pump.
- I understand that I am responsible to clean the pump (i.e., wipe) before returning it to the WIC office or I may be asked to clean it upon returning the pump.
- I will be responsible with this pump and return the pump in clean condition. I will not smoke around the pump.
- I will contact the WIC office if I cannot return the pump on time or if I would like to use it longer.
- I will report any loss, theft, breakage, or damage to the WIC Program immediately.
- I will contact the WIC Program if I move.
- If I don't return a loaned pump within 15 days of the date listed above, I understand the clinic will file a stolen property report with local enforcement.
- **If I fail to return the pump, I will replace it up to the value of the pump** (maximum of \$500 electric and \$25 pedal).

WIC participant name - Print

WIC ID number

Date

WIC participant name - Sign

Phone number

Message number

Participant's address: _____

Please list below, name, address, and phone number of local relative or friend not living with you: (at least 2)

1. _____
2. _____
3. _____

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

Breastfeeding Formula feeding Both Was the pump helpful to you? ___yes ___no

Date Returned

Participant Signature

WIC Staff Signature

