

COLORADO WIC BREAST PUMP OR AID RELEASE FORM

FOR WIC CLINIC USE ONLY

Pump Issued

- Manual Pump
- Single User Pump
- Lactina/EnDeare Serial # _____
- Hygeia EnJoye Serial # _____
- Ardo Calypso PRO Serial # _____
- Medela Symphony Serial # _____
- Ameda Platinum Serial # _____
- Ardo Carum Serial # _____

Aid Issued

- Breast shells
- Collection kit
- Supplemental Nursing System (SNS)

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

Follow-up dates:

Issued by:

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 multi-user pumps:

- I understand that this pump is the federal 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 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

