

Breast pump release form



FOR STAFF USE ONLY

Type of pump issued

- Manual pump — 2 handed
- Manual pump — 1 handed
- Personal double electric pump

Reason for issuance

- Work School Other _____

Comments _____

Reviewed with WIC participant

- Breast pump assembly Pumping plans
- Breast pump use Storage of breast milk
- Breast pump cleaning

Pamphlets reviewed

- Pumping and storage
- Other _____

Issued by:

Follow up date:

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 been given 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 discard this pump when I no longer need it.
- ✓ 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.