



# 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

### Reason for issuance

- Work  School  Other \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

### Reviewed with WIC participant

- Breast pump assembly  Pumping plans  Written information or manufacturer website link provided
- Breast pump use  Storage of breast milk
- Breast pump cleaning  Other \_\_\_\_\_

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.**