

Multi-user electric breast pump loan agreement



WIC Clinic: _____ Hospital partner site: _____ Date: _____

Participant information ↓

| | | |
|--------------------------------|------------------------------|-----------------|
| Name _____ | | WIC ID _____ |
| Infant's name _____ | Infant's DOB _____ | |
| Address _____ | City _____ | ZIP _____ |
| Home telephone _____ | Work/message telephone _____ | |
| Alternate contact person _____ | Relationship _____ | Telephone _____ |
| Address _____ | City _____ | ZIP _____ |

FOR STAFF USE ONLY

Type of pump issued:

Lactina EnDeare

Double pumping kit

Other: _____

Pump serial #: _____

Reason for loan:

Follow-up Date (within 48 hours):

Loan Conditions

Read each statement, initial each box, and sign below.

- I have **not** received a breast pump from my health care provider / insurer.
- I understand that this breast pump is the property of the WIC program and is on loan to me. I will protect the pump from theft or loss by keeping it in a secure location at all times. I will not smoke around the pump. I will not sell the pump, give it away, or let anyone else use it.
- I will return the breast pump in clean condition to the location stamped on the pump. I will return the pump by the following date: _____ or earlier if I no longer need the pump, if I leave Oregon, or if WIC asks me to do so. **If I fail to return the breast pump, I agree to pay the WIC program back for the cost of the pump.**
- I have received instruction on the assembly, use, and cleaning of the pump, and I understand how to safely store my breast milk. I will use the breast pump according to the instructions provided. I will call _____ if the pump is not working properly, if parts break, or to report any loss, theft, or damage to the pump.
- I understand WIC may contact me to provide breastfeeding support and assess my continued need for the breast pump. I will maintain enrollment in WIC. I will notify WIC if I change my name, address, or phone number. I give clinic staff permission to contact my alternate contact listed above if I cannot be reached.
- 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 pump.

Participant signature _____ Date _____

Staff signature _____ Date _____

Sign below when pump is returned ↓

Condition of returned pump _____

Participant signature _____ Date _____

Staff signature _____ Date _____