

Nevada WIC Program Breast Pump Release Form

FOR STAFF USE ONLY
<u>Type of Pump Issued</u> <input type="checkbox"/> Manual Pump <input type="checkbox"/> Personal Double Electric Pump
<u>Reviewed with WIC Participant</u> <input type="checkbox"/> Pumping plans <input type="checkbox"/> Breast pump assembly <input type="checkbox"/> Breast pump use <input type="checkbox"/> Breast pump cleaning <input type="checkbox"/> Storage of breast milk <input type="checkbox"/> Who to call for help <input type="checkbox"/> Return to work or school
Issued By: _____
Follow-up Date: _____

Participant read and sign below:

- ✓ I have been given a breast pump from WIC. Only **one personal double electric breast pump** will be given to me while on the Nevada WIC Program.
- ✓ 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 give or sell this pump to anyone else or let anyone else use it. I will discard this pump when I no longer need it.
- ✓ I agree not to bring any claim against the Nevada WIC Program, its affiliates or local agency sponsors, or any official or employee connected with this program for any damages or expenses arising from the use or possession of this breast pump.
- ✓ I have been given a copy of this form.
- ✓ I have read this form and fully understand it.

WIC Participant Name _____ Phone Number _____

WIC ID Number _____

WIC Participant Signature _____ Date _____