

Nevada WIC Program Multi-User Double Electric Breast Pump Loan Agreement

Clinic _____ Clinic Phone _____ Your Breastfeeding Contact is _____

PARTICIPANT INFORMATION

Participant Name _____

WIC ID# _____ Home Phone _____

Cell Phone _____ Work Phone _____

Email _____

Address _____

City/Zip _____

Alternate Contact *(contacted if you cannot be reached)*

Name/Relationship _____

Address _____

Phone _____ Alt. Phone _____

INFANT INFORMATION

Infant Name(s) _____

Date of Birth _____

Birth Hospital _____

Birth Weight _____

Gestational Age (weeks) _____

Currently in NICU? Yes _____ No _____

Where? _____

Any Medical Conditions? _____

FOR STAFF USE ONLY

Type of Pump Issued

- Multi-User Electric Breast Pump
Serial # _____
- Double Pump Kit

Reason Code for Issuance:

- Hospitalization of infant or mother
- Incorrect latch/nipple damage
- Infant with special needs
- Low milk supply/Re-lactation
- Employment or school

Reviewed with WIC Participant

- Pumping plans
- Breast pump assembly
- Breast pump use
- Breast pump cleaning
- Storage of breast milk
- Who to call for help
- Return to work or school

Date Issued _____

Issued By _____

Date Returned _____

Staff Signature _____

LOAN CONDITIONS – read each item, and sign below:

- I understand this breast pump is the property of the Nevada WIC Program, and as state property, I must return it to the WIC clinic by the due date or it will be reported as stolen.
- I will return the breast pump clean and in good condition by _____ or earlier, if asked to do so, or if I am no longer using the pump.
- I agree not to bring any claim against the WIC Program, its affiliates, local agency sponsors or any official or employee connected with WIC for any damages or expenses arising from use or possession of the pump.
- I will use the breast pump according to the instructions provided.
- I understand that if the pump breaks or malfunctions, I must return the pump to the WIC clinic for replacement or repair.
- I understand that I am the only one authorized to use this pump. I will not loan this pump to anyone.
- 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 agree with these loan conditions. I understand WIC may contact me to provide breastfeeding support and assess my need for the breast pump. I have received instruction on assembly, use, disassembly, and cleaning of the breast pump, and the storage and handling of expressed breast milk.

Participant Signature _____ Date _____