Local Agency	No.
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Site No.
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## **Single-User Electric Breast Pump Release Form**

I have received instruction on assembly, use, disastorage and handling of expressed breastmilk.	ssembly and cleaning of	this equipment and the
I understand that WIC Local Agency No Services are <i>not</i> responsible for any personal dama instruction. I am the only one responsible.		=
I understand that this breast pump is for my use or	nly. I will not lend this p	ump to anyone.
I understand that, if the pump breaks or malfuncti replacement or repair.	ons, I must return the pu	imp to the WIC clinic for
WIC Participant's Signature		Phone Number
wie Faittelpant's Signature		Those Number
WIC Participant's Signature		Date
To be completed by WIC staff		
Trained by: Sign Name	Title:	
Date Issued:	FID No.:	(Ontional)

Original to participant or central file, copy to participant



