

Local Agency No. _____

Site No. _____

Multi-User Electric Breast Pump Loan/Release Form

Participant's Name (Mom): _____

Address: _____

City/State/Zip: _____

Breast Pump No.: _____ FID No.: _____ SSN: _____
(Optional)

Home Phone: _____ Work Phone: _____

Other Contact: _____ Phone No.: _____

_____ I am currently enrolled in the Texas WIC program and will continue enrollment by keeping my WIC appointments. Any termination of that enrollment will cancel this agreement.

_____ I understand that it is my responsibility to inform the WIC clinic of any change of address or phone number.

_____ I understand that I am the only one authorized to use this pump. I will not loan this pump to anyone.

_____ I have received instruction on assembly, use, disassembly, and cleaning of the breast pump and the storage and handling of expressed breastmilk.

_____ I understand that WIC Local Agency No. _____, its employees, and the Department of State Health Services are *not* responsible for any personal damage caused by the use of this breast pump. I am the only one responsible.

_____ I understand that it is my responsibility to protect the pump from theft or loss. I will handle the pump with care. I will lock the pump in my car when traveling, either in the trunk or out of sight. I will keep the pump in a secure area at home.

_____ 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 this breast pump is the property of the State of Texas 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.

WIC Participant Signature

Date

Trained by: _____ Title: _____
Sign Name

Date Due: _____ Date Issued: _____

Original to participant or central file, copy to participant

