

**Montana WIC Program
Multi-User Electric Breast Pump
Loan-Release Form**



I, _____ request a multi-user electric breast pump from WIC.

I have been instructed by _____ on the following topics (please initial below):

	How to assemble, use and clean the Medela Lactina pump I've been provided.
	How to pump using appropriate pumping techniques.
	How to safely collect and store my breast milk.
	Hand expression (taught or video watched).

If I need further information or have regarding the use of this breast pump I will contact:

Clinic Name

Clinic Phone #

I understand that: (please initial below)

	I am currently participating in WIC and will continue my participation by keeping my WIC appointments. If I stop participating or I am terminated from WIC, this agreement will be cancelled and I must return the pump to the clinic.
	It is my responsibility to protect the pump from theft or loss. I will handle the pump with care and keep it in a safe area. I will lock the pump in my car when travelling, out of sight.
	It is my responsibility to inform the WIC clinic of any change of address or phone number.
	If the pump breaks or malfunctions, I must return the pump to the WIC office for repair.
	This breast pump is for my use only. I will not loan this breast pump to anyone.
	The WIC Program, its employees, and the Montana Department of Health and Human Services are NOT responsible for any personal damage caused by the use of this breast pump or WIC staff instruction. I AM THE ONLY ONE RESPONSIBLE.
	This pump is the property of the WIC Program. I must return it by the due date or it will be reported as stolen.

Participant Signature

Date

Participant ID#

WIC Staff Signature

Date

Breast Pump # Issued

Date Pump Issued

Date Pump Due

INSTRUCTIONS: Place the original copy in the participant's folder and give a copy to the participant.