

Breastfeeding Supplies Release of Liability and Loan Agreement

North Carolina WIC Program

Participant Name: _____

Family ID: _____

Back Up Contact: _____

Back Up Contact's Phone #: _____

I have received a breastfeeding supply item and/or a breast pump, hereafter referred to as item(s) from _____ clinic on ___/___/20__.

- I have been instructed on and fully understand how to assemble (if applicable), use and clean the item(s) that I have been given. I understand that the item(s) must be used as intended, following the manufacturer's instructions, to have full benefit of the item(s).
- I understand that the item(s) are for my personal use only. I will not let anyone else use the item(s), and I will not give the item(s) away or sell the item(s) to anyone.
- I understand that the North Carolina WIC Program, its employees, and the North Carolina Division of Public Health are not responsible for any personal damage or physical injury caused by the use of the item(s) or caused by the information and instruction provided by WIC staff.
- I will report any loss, theft, breakage, or damage of the item(s) to clinic staff immediately.
- I will keep the clinic staff informed of any changes to my address or phone number.
- I have been given a number to call should I have questions or concerns about breastfeeding or the use of the item(s).

FOR MULTI-USER ELECTRIC BREAST PUMP LOAN

- I understand this pump is the property of the North Carolina WIC Program and must be returned to the above-named clinic when I no longer need it. Clinic staff may request the return of the pump at any time. If I do not return the pump within 15 days of the agreed upon time or requested return date, I understand that clinic staff may file a stolen property report with local law enforcement.
- I agree to protect and care for the breast pump and keep it clean.
- I understand that the pump must be returned in good condition, clean and intact in its original carrying case.

Participant Signature: _____

For Office Use Only

Reason for Issuance: _____

I verify that the breastfeeding supply item(s) and/or breast pump have been assembled (if applicable) and inspected by this program before the participant received it.

FOR MULTI-USER ELECTRIC BREAST PUMP LOAN:

Property of _____ clinic I.D. #: _____

Electric Breast Pump Serial Number: _____

I have verified that this pump has been cleaned and inspected by this program before the participant received it. It is an electric breast pump that has been approved by Underwriters Laboratories, (UL Approved). It has a maximum pressure of 250 MM, which is within the recommended safe pressure level.

FOR OTHER BREASTFEEDING SUPPLIES:

Type of Breastfeeding Supply: _____

Signature of Issuer: _____