

**Breastfeeding Supplies Release of Liability and Loan Agreement
North Carolina WIC Program**

Name: _____
Address: _____
Home Phone #: _____ Work Phone #: _____
Family I.D. #: _____
Back Up Contact: _____
Back Up Phone #: _____

I have received a breastfeeding supply item and/or a breast pump, hereafter referred to as item(s) from _____ clinic. I have initialed each of the following statements indicating that I understand the requirements of receiving this breastfeeding supply.

_____ 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 the _____ immediately.

_____ I will keep the WIC office informed of any changes to my address or phone number.

_____ I have been given a number to call should I have questions/concerns about breastfeeding or the use of the item(s).

FOR MULTI-ELECTRIC BREAST PUMP LOAN

_____ I understand this pump is the property of the North Carolina WIC Program and must be returned to _____ when I no longer need it. The _____ 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 _____ 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: _____ Date: _____

For Office Use Only

Reason for Issuance: _____
Property of _____ Clinic I.D. #: _____
Electric Breast Pump Serial Number: _____

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

FOR MULTI-USER ELECTRIC BREAST PUMP LOAN:

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, (ULApproved). It has a maximum pressure of 250 MM, which is within the recommended safe pressure level.

Staff Signature: _____ Date: _____