

MI-WIC POLICY

Breastfeeding

4.0 Breastfeeding

Effective Date: 2/1/10

4.06B Issuance of Personal Use Electric Breast Pumps

Michigan WIC Program Single-User Breast Pump Release Agreement

WIC Participant Information

Date: _____	WIC ID: _____
Name _____	Infant DOB: _____
<i>Last</i> _____	<i>First</i> _____
	<i>Middle</i> _____
Home Phone No. _____	Message No. _____

Check as appropriate:

- I have received and understand instructions for:
 - Hand expression of breastmilk.
 - Operating/cleaning this breast pump.
 - Handling and storing breastmilk.
- I have received and understand instructions for completing and sending warranty information for this breast pump.
- I agree to follow the instructions for operating and cleaning this breast pump.
- I understand that this is a personal use pump and should not be shared with other users.

- I understand that I am under no obligation to use this breast pump, and that I may discontinue its use at any time. I release the Michigan WIC Program, and its representatives from any and all liability regarding my use of this breast pump.**

- If I have problems I should call _____ at _____**

WIC Client Signature _____ Date _____

WIC Representative Signature _____ Date _____

For Office Use Only

Personal Use Electric Pump: _____ Ameda Purely Yours _____ Medela Personal Double
Manual Breast Pump: _____ Avent Isis _____ Medela Spring Express _____ Medela Harmony _____ Ameda One-Hand

Reason for Issuance: <ul style="list-style-type: none"><input type="checkbox"/> Return to school or work part time<input type="checkbox"/> Temporary breastfeeding problems (engorgement, sore nipples, etc.)<input type="checkbox"/> Occasional pumping<input type="checkbox"/> Infant has not yet learned how to latch on and effectively feed at the breast<input type="checkbox"/> Occasional mother/infant separation due to illness, prematurity, hospitalization
