

Single-User Breast Pump Release Agreement

Check as appropriate:

- I have received and understand instructions for:
 - Hands-on demonstration on usage, assembly, and cleaning of breast pump.
 - How to determine proper breast shield/flange size.
 - Importance of skin-to-skin contact.
 - Hand expression and hands-on pumping to ensure emptying of the breast.
 - Proper handling and storage of human milk.
 - Break Time for Nursing Mothers Federal law, if applicable.
- 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 any problems, I should call _____ at _____

WIC Client Name (Print) _____	Client ID _____
WIC Client Signature _____	Date _____
WIC Staff Signature _____	Date _____

For Office Use Only

Single-User Pump Name:
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Reason for Issuance: <ul style="list-style-type: none"><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"/> Parent/infant separation<input type="checkbox"/> Attempting to breastfeed or provide breast milk<input type="checkbox"/> Breastfeeding Coordinator's discretion
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