



BREAST PUMP RELEASE OF LIABILITY

Mother's Name: _____ WIC ID No. _____

Address: _____

Phone no: _____ Alternate phone/contact Person: _____

Infant's Name: _____ Infant's DOB: _____

Reason for requesting breast pump:

Approving nutritionist/breastfeeding peer counselor:

Signature: _____ Date: _____

I acknowledge that I have received a _____ (type of pump) from the _____ (site and clinic) WIC program for **my sole use**. The operation, use, and care of this pump have been explained to me. I have also been given information on proper storage of breast milk and acknowledge understanding of said instruction. I understand that I should discontinue the use of the pump if it causes discomfort, and contact the WIC clinic if I experience difficulty in the use of this pump. I release the WIC program from any liability regarding my use of this breast pump.

Participant signature: _____ Date: _____

I have provided complete instructions to the above mother regarding the appropriate use of this pump:

Signature: _____ Date: _____