

# Ameda / Medela Single-User Electric Breast Pump Release Agreement

(Indicate Type of Pump)

LA# \_\_\_\_\_ Site# \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ I am currently:

- enrolled in the Texas WIC Program. Any termination of that enrollment will cancel this agreement.
- the designated proxy and have been appointed by a WIC participant to pick up a breast pump and deliver it, along with the specified training and obligations listed below. As the proxy, I agree to abide by this agreement.

\_\_\_\_\_ I have received instruction on assembly, use, disassembly and cleaning of this equipment and the storage and handling of expressed breastmilk.

\_\_\_\_\_ I understand that WIC, its employees, and the Texas Department of State Health Services are NOT responsible for any personal damage caused by the use of this breast pump or WIC staff instruction. I am the only one responsible.

\_\_\_\_\_ I understand that this breast pump is for my use only. I will not allow anyone else to use this pump.

\_\_\_\_\_ I understand that it is my responsibility to protect this pump from theft or loss. If the pump is stolen, I understand that it is my responsibility to file a police report and provide WIC with a copy of it if I need a replacement pump.

\_\_\_\_\_ I understand that if the pump breaks or malfunctions, I must return the pump to the WIC clinic for replacement or repair.

WIC Participant/Proxy Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## FOR STAFF USE:

Trained By (*Print Name*): \_\_\_\_\_ Title: \_\_\_\_\_

Date Issued: \_\_\_\_\_ PAN: \_\_\_\_\_

(Optional)

Notes: \_\_\_\_\_

**\*\* Original to participant chart/central file; copy to participant\*\***