

BREASTPUMP USER'S AGREEMENT

I understand that I am being provided with a <type of breastpump issued> <multi-use electric serial number> because <breastpump issuance reason>. _____ client initial

The proper use and cleaning of the above equipment have been explained to me and I fully understand the instructions. The proper usage and storage of pumped breastmilk have also been explained to me. I have been given written guidelines to follow. _____client initial

I understand that I should contact the WIC Clinic, if I have any problems with the breastpump. _____ client initial

I understand that this service is provided by <clinic name> as a public service to promote and support breastfeeding and this clinic is not a breastpump dealer I understand that the WIC Program, its employees, and the Kansas Department of Health & Environment are NOT responsible for any damage caused by the use of this equipment. I am the only one responsible. _____ client initial

If I have received a **single user electric pump** (Pump In Style), I understand that this equipment is for my use only, is now my property, and must not be loaned or sold to any other person. _____client initial

If I have received a **multi-user electric breastpump**, I understand that this equipment is **only on loan** to me and that I must return it clean, and in good condition, undamaged to the WIC clinic by the agreed to Return by Date of <return by date> or **within 7 working days** after I am notified that I must return the pump. I will be asked to return the Multi-user Electric Pump when one of the following conditions is met:

- 1) There is no continued need for the pump as determined by a WIC staff member.
- 2) I stop breastfeeding my baby.
- 3) I stop participating in the <clinic name> WIC program.
- 4) My child turns one year of age.
- 5) Another infant with more need requires the use of the electric breast pump. _____ client initial

I must bring the multi-user electric pump to the WIC program at my next appointment and then every <inspection required every> for inspection. I understand that if I do not return the pump, or return it damaged, I will be subject to a financial penalty equal to the value of the pump. I understand that all other equipment is mine to keep and I will not return it to the WIC clinic.

_____ client initial

Nearest Relative's Name _____ Phone No: _____

Address: _____

I have read the above and understand the contents and have initialed each line. I have received a copy of this user's agreement.

<Date>

<Client Name>

Home Phone No: _____ Cell Phone No: _____

_____ Client Signature

_____ Staff Signature

<Clinic Name>

<Clinic Address>

<Clinic Phone Number>