

Breast Pump Loan-Release Form Multi-User Electric

I request	a multi-user electric breast pun	np from WIC.	
I have been instructed by	on the	on the following topics (please initial below):	
How to pump using appr How to safely collect and Hand expression (taught	or video watched)	e been provided e of this breast pump I will contact:	
Clinic Name	 Clinic Ph	 none #	
I understand that (please initial k	pelow):		
to the clinic. It is my responsibility to safe area. I will lock the plant is my responsibility to lif the pump breaks or matching. This breast pump is for not matching the will be program, its empression of the will be program. The will be program, its empression of the will be program.	protect the pump from theft or pump in my car when traveling a inform the WIC clinic of any cha alfunctions, I must return the puny use only. I will not loan this baployees, and the Montana Department damage caused using this b	nge of address or phone number. Imp to the WIC office for repair.	
Participant Signature	Date	Participant ID#	
Participant Phone # The participant has been determined	Participant Address ined to be eligible for a multi-use	er breast pump for the following reason(s):	
WIC Staff Signature	Date	Issued: Symphony or Lactina	
Breast Pump # Issued	Date Pump Issued	Expected Return Date	
INSTRUCTIONS: Scan into the p	participant's folder and give a co	by to the participant.	