



## **Breast Pump Release Form** **Manual or Single User**

I, \_\_\_\_\_ have received a single-user breast pump from Medicaid for my most recent pregnancy.   ☐ Yes   ☐ No

If yes, is there a problem with that pump? \_\_\_\_\_

I have been instructed by (staff member) \_\_\_\_\_ on the following topics (please initial below):

Pumping techniques \_\_\_\_\_

Cleaning, assembly, and care of the pump \_\_\_\_\_

Storage and use of pumped breast milk \_\_\_\_\_

I agree to use the pump and its parts as instructed by the staff. I understand this is for personal use only and will not donate, sell, or give away once I am done breastfeeding.

If I need further information or have questions regarding the use of this breast pump I will contact: \_\_\_\_\_

Clinic Name

Clinic Phone #

*I understand that the local WIC Program, the Montana Department of Public Health and Human Services and their employees are NOT responsible for any personal damage caused by the use of this breast pump. I AM THE ONLY ONE RESPONSIBLE.*

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Participant ID# \_\_\_\_\_ Phone # \_\_\_\_\_

Breast Pump Issued: Pump In Style (electric)      Harmony (manual)

The participant has been determined to be eligible for a single-user breast pump for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
WIC Staff Signature

\_\_\_\_\_  
Date