

**Breastfeeding Supplies Release of Liability and Loan Agreement
North Carolina WIC Program**

Participant Information

Name: _____ Family ID: _____

Phone Number: _____ Back Up Phone Number: _____

Receipt and Acknowledgement of Breastfeeding Supply

Manufacturer: _____ Item Name: _____

I have received a breastfeeding supply, hereafter referred to as "supply" from _____.
I understand and agree to the following after receiving this supply by initialing below:

_____ I have been taught and I understand how to assemble (if needed), use, and clean the supply provided.

_____ I understand that the supply must be used as intended, following the manufacturer's instructions to ensure the full benefits of the supply.

_____ I agree that the supply is for my personal use only. I will not let others use the supply, nor will I sell or give the supply away.

_____ I understand that the North Carolina WIC Program and its employees are not liable for any personal damage or injury resulting from the use of the supply or from following the provided instructions.

_____ I will quickly report any loss, theft, breakage, or damage of the supply to my WIC agency.

_____ I will keep the WIC office updated if there are any changes to my contact information.

_____ If I have questions or concerns about breastfeeding or the use of the supply, I have received the contact number below for help.

Office Use Only	
<input type="checkbox"/>	Provided Guidance to Support Family's Infant Feeding Goals
<input type="checkbox"/>	Developed a personalized plan for use
<input type="checkbox"/>	Taught Hand Expression
<input type="checkbox"/>	Ensured Proper Fit
<input type="checkbox"/>	Outlined Instructions for Use
<input type="checkbox"/>	Provided Instructions for Milk Storage or Safe Fluids Guidance
<input type="checkbox"/>	Instructed on Guidance for Troubleshooting

Multi-User Electric Pumps

_____ I acknowledge that this pump is the property of the North Carolina WIC Program and must be returned by the agreed upon return date unless extensions are provided.

_____ I understand that the clinic may request the return of the pump at any time.

_____ I agree to take good care of the pump, keep it clean and return it in its carrying case.

Serial Number: _____ Issue Date: _____ Return Date: _____

Participant Signature: _____ **Date:** _____

For questions, please call WIC at: _____

I verify that the breastfeeding supply has been assembled and inspected by this WIC Program before the participant received it. The supply is clean and safe for use.

Staff Signature: _____ **Date:** _____