

Multi-User Electric Breast Pump Loan Agreement



Read each statement and sign below: Infant's Name: Infant DOB: Address City: Zip Code: Phone: Alternate Contact Person: Relationship: Phone: Zip Code: Alternate Contact Person: Relationship: Phone: Zip Code: I will protect the pump from theft or loss by keeping it in a secure lo at all times, and will report any loss, theft or damage to the pump. City: Zip Code: I will call my WIC clinic if the pump is not working properly, or if parts is a light or damage to the pump. Livil call my WIC clinic if the pump is not working properly, or if parts is a light or damage to the pump. I will call my WIC clinic if the pump is not working properly, or if parts is a light or damage to the pump. Livil call my WIC clinic if the pump is not working properly, or if parts is a light or damage. I will return the pump if I no longer need the pump, if I leave Georgia WIC asks me to do so. if I fail to return the pump, I agree to pay the program back for the cost of the pump. Reason for loan: Select reason from the drop down selection below. Additional Documentation as needed: Additional Documentation as needed: Read each statement and sign below: I have received instruction on the assembly, use, and cleaning of the and I clean and I can the pump and I clean for the instruction assembly, use, and cleaning of the instruction and clean the pump is the property of the deorgia way. I will protect the pump is the property of the Georgia WIC Por parts and is on loan to the pump. I will return the pump if I no longer need the pump, I agree to pay the program back for the cost of the pump. I understand WIC will contact me to provide breastfeeding support assess my continued need for the pump. I will maintain enrollment in WIC. I will maintain enrollment in WIC. I agree that I will not to bring a claim against the Georgia WIC Program back for the cost of the pump. I akenowledge that I received an original hardcopy of the fully exempted to the pump. I akenowledge that I received an original hardcopy of the f	District:	Clinic:	Loan Conditi	ions
Address City: Zip Code: Phone: 2nd Phone: Alternate Contact Person: Relationship: Phone: Alternate Contact Person: Relationship: Phone: Address: 2ip Code: City: Zip Code: Alternate Contact Person: Relationship: Phone: Address: 2ip Code: Double Pump Kit Provided? YES NO Reason for loan: Select reason from the drop down selection below. Reason for loan: Select reason from the drop down selection below. Additional Documentation as needed: and I understand how to use and clean the pump, and how to safely my breast milk. I will use the pump according to the instruction assembly, use, and clean the pump is the property of the Georgia WIC Program and is on loan to me. Therefore, I will not sell the pump, give it away, anyone else use it. I will protect the pump from theft or loss by keeping it in a secure lo at all times, and will report any loss, theft or damage to the pump WIC Clinic. I will call my WIC clinic if the pump is not working properly, or if parts I will not smoke around the pump. I will return the pump in a hor working condition, and that I will return the pump to the WIC Clinic same condition. I will return the pump if I no longer need the pump, I agree to pay the program back for the cost of the pump. I understand WIC will contact me to provide breastfeeding support and the pump. I will maintain enrollment in WIC. I will motify WIC if I change my name, address or phone number. I give WIC staff permission to contact my alternate contact if I can reached. I agree that I will not to bring a claim against the Georgia WIC Program local WIC Clinic, its affiliates, or any employee connected with WIC fidamages or expenses arising from use or possession of the pump. I acknowledge that I received an original hardcopy of the fully exe	Name: WIC ID #		Read each statement and sign below:	
assembly, use, and cleaning. I understand that this pump is the property of the Georgia WIC Prand is on loan to me. Therefore, I will not sell the pump, give it away, anyone else use it. Alternate Contact Person: Relationship: Address: City: Zip Code: Double Pump Kit Provided? YES NO Reason for loan: Select reason from the drop down selection below. Additional Documentation as needed: Additional Documentation as needed: assembly, use, and cleaning. I understand that this pump is the property of the Georgia WIC Prands on the Tolera and is anyone else use it. I will protect the pump from theft or loss by keeping it in a secure lo at all times, and will report any loss, theft or damage to the pump WIC Clinic. I will call my WIC clinic if the pump is not working properly, or if parts in working condition, and that I will return the pump to the WIC Clinic same condition. I will return the pump if I no longer need the pump, if I leave Georgia WIC asks me to do so. If I fail to return the pump, I agree to pay the program back for the cost of the pump. I understand WIC will contact me to provide breastfeeding support assess my continued need for the pump. I will maintain enrollment in WIC. I will notify WIC if I change my name, address or phone number. I give WIC staff permission to contact my alternate contact if I came reached. I agree that I will not to bring a claim against the Georgia WIC Program local WIC Clinic, its affiliates, or any employee connected with WIC fidamages or expenses arising from use or possession of the pump. I acknowledge that I received an original hardcopy of the fully executed and will not contact and original hardcopy of the fully executed and will not contact will not contact an original hardcopy of the fully executed and will not contact will not contact my alternate contact if I came reached.		Infant DOB:	and I understand how to use and clean	the pump, and how to safely store
Relationship: Address: City: Zip Code: Symphony Serial Number: Double Pump Kit Provided? YES NO Reason for loan: Select reason from the drop down selection below. Additional Documentation as needed: Phone: Additional Documentation as needed: Phone: I will clinic. I will clinic if the pump is not working properly, or if parts I will not smoke around the pump. I agree that the pump I have been loaned by WIC Clinic is clean and in working condition, and that I will return the pump to the WIC Clinic same condition. I will return the pump if I no longer need the pump, if I leave Georgia WIC asks me to do so. If I fail to return the pump, I agree to pay the program back for the cost of the pump. I understand WIC will contact me to provide breastfeeding support assess my continued need for the pump. I will notify WIC if I change my name, address or phone number. I give WIC staff permission to contact my alternate contact if I can reached. I agree that I will not to bring a claim against the Georgia WIC Program local WIC Clinic, its affiliates, or any employee connected with WIC find damages or expenses arising from use or possession of the pump. I acknowledge that I received an original hardcopy of the fully executed the pump in the p	City: Phone:	•	 assembly, use, and cleaning. I understand that this pump is the proand is on loan to me. Therefore, I will nanyone else use it. 	operty of the Georgia WIC Program not sell the pump, give it away, or let
working condition, and that I will return the pump to the WIC Clinic same condition. Symphony Serial Number: Double Pump Kit Provided? YES NO	Relationship:	Phone:	WIC Clinic. • I will call my WIC clinic if the pump is no	
Double Pump Rit Provided? Car Adaptor Provided? YES NO Reason for loan: Select reason from the drop down selection below. Program back for the cost of the pump. I understand WIC will contact me to provide breastfeeding support assess my continued need for the pump. I will maintain enrollment in WIC. I will notify WIC if I change my name, address or phone number. I give WIC staff permission to contact my alternate contact if I can reached. I agree that I will not to bring a claim against the Georgia WIC Program local WIC Clinic, its affiliates, or any employee connected with WIC for damages or expenses arising from use or possession of the pump. I acknowledge that I received an original hardcopy of the fully execution.		Zip Code:	working condition, and that I will return same condition.	n the pump to the WIC Clinic in the
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I understand and agree to these loan conditions, and further under that continued use of the pump is at the discretion of the WIC Program.			 I will notify WIC if I change my name, ad I give WIC staff permission to contact reached. I agree that I will not to bring a claim ag local WIC Clinic, its affiliates, or any em damages or expenses arising from use o I acknowledge that I received an origi Multi-User Electric Breast Pump Loan Ag I understand and agree to these loan 	my alternate contact if I cannot be gainst the Georgia WIC Program, the aployee connected with WIC for any or possession of the pump. In all hardcopy of the fully executed greement. conditions, and further understand
RETURN DOCUMENTATION	RETURN DOO	r r		
Participant Signature: Date Returned: Participant Signature: Date: Date:	Participant Signature:		Participant Signature:	Date:
WIC Staff Signature: Date:	WIC Staff Signature:		WIC Staff Signature:	Date: