

Personal Double Pump (PDP) and Manual Breast Pump Issuance Form

District:		Clinic:	
Name:		WIC ID #:	
Infant's Name:		Infant DOB:	
Address:			
City:		Zip Code:	
Phone:		2 nd Phone:	
Type of pump issued:	<input type="checkbox"/> Manual Breast Pump <input type="checkbox"/> Personal Double Pump: Serial # _____		
Reason for issuance:			
Additional Documentation as needed			

Breast Pump Issuance Conditions

Read each statement and sign below:

- I have received instruction on the assembly, use, and cleaning of the pump, and I understand how to use and clean the pump, and how to safely store my breast milk. I will use the breast pump according to the instructions for assembly, use, and cleaning.
- I agree that the breast pump I have been given by WIC Clinic is clean and in good working condition.
- I will call my WIC Clinic if the pump is not working properly.
- I understand that this breast pump is designed as a single-user pump, and is not intended to be shared.
- I understand that I am the only individual who is authorized to use this breast pump, and that I will not sell or give the pump away.
- I will not smoke around the pump.
- I understand that the WIC Clinic will contact me to provide breastfeeding support.
- I agree that I will not to bring a claim against the Georgia WIC Program, the local WIC Clinic, its affiliates, or any employee connected with the Georgia WIC Program for any damages or expenses arising from my use or possession of the pump.
- I understand and agree with the conditions for issuance of this breast pump.

Participant Signature: _____ Date: _____

WIC Staff Signature: _____ Date: _____