

## BREAST PUMP LOAN AGREEMENT FOR PARTICIPANT

Participant Information:		Office Use Only
Name		Breast Pump Type:
		Pump Serial Number:
Home Phone	Cell Number	Reason for pump loan:
WIC Clinic	WIC ID Number	Term of Loan:  ☐ month to month (1 month)
Alternate Contact Person required: (Not living in the same household)		Symphony pump to be returned://
Name	Phone Numb	er First follow-up appointments are within a week by telephone and WIC staff will call you:  Participant Initials
Address	City Zip Co	Date of return:/
Message Contact: Name:		Condition of pump:
		Received by:
Phone Number:		(WIC Admin Office Use Only)
		Letter to PT/Alt:
		-
<ul> <li>Use the breast pump and pu</li> <li>Keep the breast pump in my</li> <li>Notify the WIC Program by o</li> <li>Return the breast pump clea</li> </ul>	me, address and/or telephone number imping kit according to instructions for possession. calling (909) 388-5673 an and in good condition.	er for participant and alternate contact. or assembly, use and cleaning.  3 or 1 (800) 472-2321 if the pump is not working properly or if parts break.  1. (If the pump is stolen, a copy of the police report will be provided as proof of theft.)
	Conditions	s of the Loan Agreement
may contact me for the dual purp	pose of providing support and inform	of the pump is at the discretion of the WIC Program. I understand that a WIC employee lation, and to assess my continuing need for the breast pump. I have been instructed on give WIC my permission to contact my alternate in order to locate meInitials
•	VIC Program, will not become liable fo	ints to repair or replace any equipment which is or becomes defective under normal use or incidental or consequential damages resulting from defective equipment; their liability
WIC Participant's Signature	Date	WIC Authorized Signature and Title Date
Print Name		