



**CONNECTICUT WIC Program  
ELECTRIC/MANUAL BREAST PUMP RELEASE FORM**










**NAME:** \_\_\_\_\_

**FAMILY ID#:** \_\_\_\_\_

**PUMP SERIAL NUMBER:** \_\_\_\_\_

**TYPE OF PUMP:** \_\_\_\_\_

	<b>VIDEO AND LINKS TO VIEW</b>		<b>Viewed? Y/N</b>
Instructional Video Viewed (electric only)	(Older model) Medela Double Electric Pump: <a href="https://www.youtube.com/watch?v=EpTqA6M_Aic">https://www.youtube.com/watch?v=EpTqA6M_Aic</a>		
	(Newer model) Medela Pump In Style with MaxFlow <a href="https://www.youtube.com/watch?v=6LaRnhqTpJ8">https://www.youtube.com/watch?v=6LaRnhqTpJ8</a>		
Instructional video Provided (Hand pump) <i>Not required</i>	Ameda Purely Yours (or Finesse): <a href="https://www.youtube.com/watch?v=TILbe5NrN14">https://www.youtube.com/watch?v=TILbe5NrN14</a>		
	Ameda Mya Joy: <a href="https://www.youtube.com/watch?v=_SHVF4KvAAc">https://www.youtube.com/watch?v=_SHVF4KvAAc</a>		
	Medela Harmony: <a href="https://www.youtube.com/watch?v=Zf10sCScdMo">https://www.youtube.com/watch?v=Zf10sCScdMo</a>		
Storage/ Handling of Breast Milk	<a href="https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm">https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm</a>		
Sanitation/ Hygiene of Breast Pump	<a href="https://www.cdc.gov/healthywater/pdf/hygiene/breast-pump-fact-sheet.pdf">https://www.cdc.gov/healthywater/pdf/hygiene/breast-pump-fact-sheet.pdf</a>		

I agree to follow the instructions for using and cleaning the breast pump, and for storing and handling my collected breast milk. I agree to call the WIC office if I have any questions about how to use the breast pump.

I agree to stop using the pump if it causes any discomfort and I agree to call my health care provider if I have any breast pain. I also understand that the pump and kit are for **my use only**, and I agree not to let anyone else use the pump. I also agree not to give the pump away.

In exchange for receiving the breast pump, I agree that I will not bring a lawsuit or take legal action of any kind against the Connecticut Department of Public Health, the WIC Program or its employees, for any personal damage or injury caused by the use of the breast pump.

My signature on this form means that I have read, understand and agree to everything stated on this form.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WIC STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please go to the website <https://www.surveymonkey.com/r/WICBPsurvey> or scan the QR code to take a quick survey. Thank you, we appreciate your feedback.



WIC staff use only: The participant was unable to read this form. It was read to the participant they had an opportunity to ask questions.








Staff Signature: \_\_\_\_\_ DATE: \_\_\_\_\_



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**PUMP SERIAL NUMBER:** \_\_\_\_\_ **TYPE OF PUMP:** \_\_\_\_\_

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	(Newer model) Medela Pump in Style with Maxflow: <a href="https://www.youtube.com/watch?v=C7Xp6OmqJyU">https://www.youtube.com/watch?v=C7Xp6OmqJyU</a>		
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	Ameda Mya Joy: <a href="https://www.youtube.com/watch?v=C1D0ITr5EM0">https://www.youtube.com/watch?v=C1D0ITr5EM0</a>		
	Medela Harmony: <a href="https://www.youtube.com/watch?v=ym1SJ77sr4g">https://www.youtube.com/watch?v=ym1SJ77sr4g</a>		
Storage/ Handling of Breast Milk	<a href="https://www.cdc.gov/breastfeeding/pdf/preparacion-de-la-leche-materna-508.pdf">https://www.cdc.gov/breastfeeding/pdf/preparacion-de-la-leche-materna-508.pdf</a>		
Sanitation/ Hygiene of Breast Pump	<a href="https://www.cdc.gov/healthywater/pdf/higiene/breast-pump-fact-sheet-sp-h.pdf">https://www.cdc.gov/healthywater/pdf/higiene/breast-pump-fact-sheet-sp-h.pdf</a>		

Estoy de acuerdo en seguir las instrucciones de uso y la limpieza de la maquina sacaleche y como guardar la leche que me saque. Estoy de acuerdo en llamar la oficina de WIC si tengo algunas preguntas sobre como usar la maquina sacaleche.

Estoy de acuerdo en dejar de usar la maquina sacaleche en caso que sienta malestar y estoy de acuerdo en llamar mi proveedor médico si tengo algun dolor en los pechos. Entiendo que la maquina y sus piezas son solamente para mi uso, y estoy de acuerdo en no dejar a nadie más usar la maquina. También estoy de acuerdo en no regalar la maquina.

A cambio de haber recibido la maquina sacaleche, estoy de acuerdo en no demandar o tomar acción legal de ninguna clase en contra de El Departamento de Salud Pública de Connecticut, el programa de WIC y sus empleados, por algun daño personal o lesión causada por el uso de la maquina sacaleche.

Mi firma en este formulario significa que he leído, entiendo y acepto todo lo que se indica en este formulario.

Firma del Participante: \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del Personal WIC: \_\_\_\_\_ Fecha \_\_\_\_\_



Por Favor vaya al sitio web <https://www.surveymonkey.com/r/WICBPSP> o escanee el código QR para tomar una breve encuesta. Gracias, apreciamos sus comentarios.