



BREAST PUMP LOANER AGREEMENT

Breast pump make and model			
Asset tag #			
Pump clean and in working order (sign off)			
Name			
Address			
Home Phone #		Cell Phone #	
Alternate Contact			

I hereby agree that the breast pump described has been received in the condition stated above. I accept responsibility for the proper care of the breast pump which is the property of Southern Health-Santé Sud. I agree to review the operating instructions for the breast pump and to use this pump as shown by the Public Health Nurse or Midwife who loaned it to me.

I agree to waive any claims against Southern Health-Santé Sud for damages that may arise due to the operation of the breast pump.

I agree to return the breast pump to the location and on the date agreed to below.

Date

Client Signature

Return Location			
Attention			
Date to be returned			
Received by (signature)		Date	
Condition of equipment upon return			