

UW LACTATION ROOM AGREEMENT



_____ The correct use of the electric breast pump has been demonstrated to me. I have received instructions and have had the opportunity to ask questions. **OR** _____ I will bring my own breast pump

_____ I understand that the keypad number that has been given to me (or the key that has been issued for the Health Sciences room) is for my use only. Anyone who uses the Lactation Stations needs to sign a user agreement form, so I will direct new users to call Lactation Services, rather than give them the keypad number.

_____ I understand that I am responsible for bringing my own collection kit and storage containers each time I use the pump. I can purchase extra supplies from the Hall Health Pharmacy if I need them. Patient Care equipment and supplies are NOT for my use.

_____ I agree to wipe down the pump (with the solution provided) prior to using it, and to clean up my spills after each use. I will not leave pump parts in the room except in stations where lockers are available (Hall Health).

_____ I understand that the average pumping time is 15-20 minutes. I agree to be considerate of others' schedules and not go over the time limit allowed at each station. I may reserve time at the Hall Health and Health Sciences stations; the UWMC Pacific Tower station is available on a first-come, first-served basis. Here is a list of the rooms and their time limits:

Hall Health: room 19	20 minute sessions
Health Sciences: T-595	30 minute sessions
UWMC: Pacific Tower NN537	20 minute sessions
(Pumps on the Patient Care Units, MIC and NICU, are for patients only)	

_____ I understand that I have access to all three lactation stations, although I have designated my main station as _____.

_____ Health Sciences Users: I will return the key for my \$15 deposit when I no longer require the facilities.

Name: _____ Date: _____

Dept: _____ Phone: _____

Email: _____ Box: _____

Mail my refund check to: _____

\$15 Key Deposit Paid: Date: _____ Ck #: _____ Rec'd by: _____ Key#: _____

Cash Transmittal No. _____ Date: _____

Date Key Returned: _____ \$15 Deposit Refund Requested: Date: _____ By: _____