

GSFC Workplace Lactation Program Agreement of Usage

- I plan on using the Lactation Facility in Building # _____ for the purpose of expressing my breast milk, beginning on or about the date of _____.
- I have received, read, understand, and agree to abide by all of the provisions of the Goddard Workplace Lactation Program Policy and the Nursing Mothers' Lactation Room Users Guide. I understand that failure to comply with any of these provisions could be grounds for my termination from the program.
- I have attended an initial orientation with the Lactation Room SuperMom or at the Health Unit.
- I was provided with the Medela Corporation's instructions regarding the use of the Medela Symphony breast pumps and the proper storage of breast milk.
- I understand that in order to use the pump, I must comply with this agreement and purchase my own personal adaptor kit.
- I understand further that my participation in the program is subject to space availability.
- I agree that if I encounter any problems with the Symphony pump, or if I have any concerns about the pump's operation, I will contact the building SuperMom or the Program Coordinator before attempting to use the pump.
- I agree that the storage and transport of my expressed breast milk is my own personal responsibility.
- I will / will not (circle one) be using the Medela Symphony breast pump.
- I will / will not (circle one) be using my own personally provided breast pump.

Nursing Mother's Signature

Date

Work Phone Number

Mail Code