



Georgia Tech Nursing Moms Program Agreement

I plan to use the nursing moms centers for the purpose of expressing my breast milk / nursing my baby (circle one), beginning on or around the date of _____.

I have read and understand all of the provisions of the Georgia Tech Lactation Program Policy. I have completed online or onsite training. I have been provided with the Medela Corporation's instructions regarding the use of the Medela Lactina® Plus breast pump 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 adapter kit. I understand further that my participation in the program is subject to space availability.

I agree to abide by all provisions of the Georgia Tech Nursing Moms Program Policy. I understand that failure to comply with any of these provisions could be grounds for my termination from the program. I agree that if I encounter any problems with the pump, or if I have any concerns about the pump's operation, I will contact the SuperMom for the building's lactation center or the ADVANCE office before attempting to use the pump. I agree that the storage and transport of my expressed breast milk is my own responsibility.

I will / will not (circle one) be using the Medela Lactina® Plus breast pump.

I will / will not (circle one) be using my own personally provided breast pump.

I have / have not (circle one) received a copy of the GA Tech Nursing Moms Program Policy.

Nursing Mother's Signature

Date

Print Name: _____

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Date