



I _____, have received and reviewed the guidelines on the UH Maui College (UHMC) Lactation Program and have had an opportunity to ask questions and have had all of them answered to my satisfaction.

I will begin using the Lactation Room for an approximate period of _____ months (not to exceed a period of one year at a time) for the purpose of expressing my breast milk, beginning on or about the date of _____.

I understand that I am responsible:

- a. To sign-out and sign-in for the room key or access card before and after every use.
- b. For bringing my own breast pump and means of storing expressed milk.
- c. To sanitize the countertop, sink and other surface areas before and after expressing milk.
- d. To clean up any spills or other untidiness created during use of the room.
- e. For contacting the Human Resources Office (HRO) at 984-3204 for any incident requiring the attention of campus maintenance or security. **If there is an immediate need for security, please call them directly at 984-3255.**
- f. For securing the room during and after each use when applicable.
- g. To use the room for **lactation purposes only** and that I will respect the privacy of other lactation program participants.
- h. For notifying the HRO should your need for access is reduced or no longer required to allow for scheduling of other participants.
- i. To complete a new agreement should I require access beyond one year.

I am aware that the College will provide antibacterial wipes and paper towels.

I understand that:

- a. I should not leave any personal items, equipment or stored milk in the lactation room.
- b. The College will not provide ice packs, containers, means of storing expressed milk or other accessories; therefore it is my responsibility to furnish these items.
- c. I will not allow other individuals access to the lactation room at any time.
- d. The College is not responsible for securing personal items left in the room against theft or use by others.
- e. I will be provided with a copy of the completed Participation Agreement and Room Use Guidelines for my information and records.

I understand that failure to comply with any of these provisions could be grounds for denying me further access to the lactation room.

Participant Name (print): _____
Signature: _____
Date: _____
UH ID No.: _____
Ext: _____ Cell: _____
Email: _____

UHMC HRO Staff Name (print): _____
Signature: _____
Date: _____