



CONSENT FOR RECEIVING THE BREAST PUMP

I, Mr / Mrs, Father/Mother of Baby of _____, bearing UHID No. _____ and residing at _____ is willing to donate human milk for AMAARA (Human Breast Milk Bank), which is a non-profit organization, located at _____

AMAARA is issuing me a Breast pump _____ for expressing out breast milk which can be used for my Baby as well as for the milk bank. This pump set along with the bottles are given on a Voluntary basis and nothing has been charged for the Breast Pump by the AMAARA Human Milk Bank.

I agree to return the pump set to the AMAARA Human Milk Bank, once I stop expressing milk for the purpose of Human Milk Donation within a week.

(Receiver/Donor Mother)

SIGNATURE:

Name: Phone No.:

Date & Time: Address:

(For official use only)

Issued By: _____

Name: _____

Date & Time: _____

An initiative by

