

| Meds & Food for Kids Agreement Form | | Meds & Food for Kids Agreement Form | |
|---|------|---|------|
| Dossier #: | Nom: | Dossier #: | Nom: |
| Visit # : | | Visit # : | |
| 1) I understand that Medika Mamba is a medicine for my child's malnutrition 2) It is only to be eaten by the one malnourished child. 3) It always results in weight gain and the child is normal in a few weeks 4) This is not a feeding program. It is a treatment program for malnutrition. Your child will only be enrolled for a few weeks. 5) If the child does not gain weight, this means that Medika Mamba is not for your child or that other people are eating the medicine. In this case the child will be dismissed from the program. 6) My child will not recover if appointments are missed. 7) The malnourished child must always be accompanied by the mother, father, or primary caretaker or else no Medika Mamba will be given during that visit. 8) The nurse will decide when the child has gained sufficient weight. 9) I understand that the purpose of this program is to save my child's brain and body from damage or death. I accept the responsibility to feed the Medika Mamba as the nurse instructs to make this happen. | | 1) I understand that Medika Mamba is a medicine for my child's malnutrition 2) It is only to be eaten by the one malnourished child. 3) It always results in weight gain and the child is normal in a few weeks 4) This is not a feeding program. It is a treatment program for malnutrition. Your child will only be enrolled for a few weeks. 5) If the child does not gain weight, this means that Medika Mamba is not for your child or that other people are eating the medicine. In this case the child will be dismissed from the program. 6) My child will not recover if appointments are missed. 7) The malnourished child must always be accompanied by the mother, father, or primary caretaker or else no Medika Mamba will be given during that visit. 8) The nurse will decide when the child has gained sufficient weight. 9) I understand that the purpose of this program is to save my child's brain and body from damage or death. I accept the responsibility to feed the Medika Mamba as the nurse instructs to make this happen. | |
| Signature | Date | Signature | Date |

| Meds & Food for Kids Agreement Form | | Meds & Food for Kids Agreement Form | |
|---|------|---|------|
| Dossier #: | Nom: | Dossier #: | Nom: |
| Visit # : | | Visit # : | |
| 1) I understand that Medika Mamba is a medicine for my child's malnutrition 2) It is only to be eaten by the one malnourished child. 3) It always results in weight gain and the child is normal in a few weeks 4) This is not a feeding program. It is a treatment program for malnutrition. Your child will only be enrolled for a few weeks. 5) If the child does not gain weight, this means that Medika Mamba is not for your child or that other people are eating the medicine. In this case the child will be dismissed from the program. 6) My child will not recover if appointments are missed. 7) The malnourished child must always be accompanied by the mother, father, or primary caretaker or else no Medika Mamba will be given during that visit. 8) The nurse will decide when the child has gained sufficient weight. 9) I understand that the purpose of this program is to save my child's brain and body from damage or death. I accept the responsibility to feed the Medika Mamba as the nurse instructs to make this happen. | | 1) I understand that Medika Mamba is a medicine for my child's malnutrition 2) It is only to be eaten by the one malnourished child. 3) It always results in weight gain and the child is normal in a few weeks 4) This is not a feeding program. It is a treatment program for malnutrition. Your child will only be enrolled for a few weeks. 5) If the child does not gain weight, this means that Medika Mamba is not for your child or that other people are eating the medicine. In this case the child will be dismissed from the program. 6) My child will not recover if appointments are missed. 7) The malnourished child must always be accompanied by the mother, father, or primary caretaker or else no Medika Mamba will be given during that visit. 8) The nurse will decide when the child has gained sufficient weight. 9) I understand that the purpose of this program is to save my child's brain and body from damage or death. I accept the responsibility to feed the Medika Mamba as the nurse instructs to make this happen. | |
| Signature | Date | Signature | Date |