

**COMMUNITY HEALTH PARTNER**

**MEMORANDUM OF AGREEMENT (MOA)**

FOR CONDUCTING SCHOOL LOCATED *VACCINE CLINICS (SLVC) BETWEEN* \_\_\_\_\_ SCHOOL UNIT  
\_\_\_\_\_ AND \_\_\_\_\_ *name of partner here* \_\_\_\_\_ FOR IMMUNIZATION OF SCHOOL CHILDREN  
AGAINST SEASONAL INFLUENZA (or other vaccine preventable diseases) IN THE SCHOOL SETTING

The above RSU and the above medical provider/partner agree to cooperate in setting up school clinics to vaccinate school children against seasonal influenza and/or other vaccines during the school year. This MOA is executed to ensure that all activities of SLVC are managed by an agreed upon responsible party. This agreement shall remain in effect from the date of execution through \_\_\_*date agreement ends here*\_\_\_.

- 1. Contact information:
  - A. School system:
  - B. Partner:

- 2. Clinic Site Information:
  - A. \_\_\_\_\_ School *Date*
  - B. \_\_\_\_\_ School *Date*
  - C. \_\_\_\_\_ School *Date*
  - D. \_\_\_\_\_ School *Date*

*School system*\_\_\_ will follow all procedures outlined in the SLVC Toolkit published by the Maine Center for Disease Control (MCDC) and Maine Department of Education.

\_\_\_*Partner*\_\_\_ will send 1 or more medical providers in good standing to administer vaccine at the SLVC sites listed above.

*(List all agreed upon responsibilities of the school and the partner in this section.)*

The undersigned agree to administer seasonal influenza vaccine in accordance with Federal CDC guidelines. This agreement is between the school system and the healthcare provider/partner.

\_\_\_\_\_  
Signature of Partner Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Superintendent

\_\_\_\_\_  
Date