

Public Pre-school Health Memorandum of Agreement Addendum

The parties mutually agree to the following:

1. Health screenings including review of health history, vision screening, and hearing screening will be performed by:

_____.

(Agency Name and Provider, if known)

2. Lead poisoning information will be shared with families by:

_____.

3. Oral health resources will be shared with families by:

_____.

4. Health services will be provided by:

_____.

5. Individual Health Plans for students will be written by a Registered Nurse. The RN will be from:

_____.

(Agency Name)

6. Medication administration training will be completed according to Maine Department of Education Chapter Rule 40 and provided by: _____.

7. Before and After School care is provided by:

_____.