

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*

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 and/or other vaccines 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