

Sample Memorandum of Understanding (MOU)

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To edit this MOU, copy and paste into your own letterhead or document. Click inside the red bracketed fields (e.g., [Insert Name Here]) and replace the placeholder text with your own information. After editing, you can delete the brackets.

For use of school-located vaccine events (SLVEs) between partners and school/district:

This Memorandum of Understanding (MOU) made and entered on [insert date], outlines the responsibilities of the [insert partner(s)] and [insert school/district] in implementing [insert event name].

[insert event name] is a school-based vaccine event that will provide free [insert type of vaccine(s)] vaccinations to [insert participant population] at [insert school/district]. [insert event name] is a partnership between [list partners] and [insert school/district]. This MOU shall remain in effect until terminated by either party in writing.

To implement, [Insert partner(s) name] will:

- Provide school with promotional materials for staff to educate families about the SLVE.
- Provide documents in appropriate language[s] and provide bilingual staff if needed.
- Provide information to staff and teachers about the school-located vaccine event.
- Provide school with consent forms to distribute to for students to participate in SLVE.
- Provide staff or volunteers to review consents for completeness prior to the agreed-upon date for administration of the vaccinations.
- Provide a team to administer free [list types of vaccines] vaccinations to students and staff at the [insert event name], on the school campus, during [insert time of event]. Vaccinations will be administered by trained [list type of vaccinators (RNs, LVNs, Nursing Students)].
- Provide documentation to participants of the vaccine received.

To support this effort, [insert School Name/District Name] will:

- Promote the SLVE with families by posting provided promotional material on campus and distributing promotional materials.
- Distribute and collect consent forms on the agreed-upon deadlines.
- Communicate with [list partner(s)] staff regarding material needs and scheduling.
- Identify an appropriate space to hold the SLVE and provide chairs and tables as needed.
- Permit [list partner(s)] staff and volunteer's access to [insert school name/district name] and facilities as necessary to prepare for and participate in the SLVE. This may include access on dates other than the day of the SLVE.
- Recruit volunteers to help support the SLVE staff on the day of the event.
- Help identify students with their consent forms to maintain safety.
- Not be involved in the direct provision of healthcare services. Provider shall be solely responsible for establishing arrangements of payment with insurance for billing, payment, and reimbursement.
- Participate in a post-SLVE evaluation survey.
- Ensure that [insert partner(s)] is provided with no more than Directory Information as defined under the Family Educational Right and Privacy Act (FERPA) with respect to students participating in the school-located vaccine event.

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Date:
Responsible Person/Organization/Client Party:
Print Name and Title:
Signature:

Date:
School Responsible Representative:
Print Name and Title:
Signature: