## **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:** |

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