

Sample Memorandum of Understanding

A MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN (PROVIDER NAME):

_____ and _____, SCHOOL PRINCIPAL/ SUPERINTENDENT
of _____ SCHOOL/ SCHOOL DISTRICT

The purpose of this MOU is to define and outline the responsibilities of

_____ and _____
(Health Care Provider) (School)
to provide dental health services at the school site.

The School agrees to provide the following support to the project staff at this site:

FACILITIES: Space for dental services that will include room for:

- Chair & dental unit
- Hand-washing sink
- Sterilization set-up

EQUIPMENT AND SUPPLIES: At least one telephone for contacting the dental personnel

PROGRAMMATIC COMPONENTS: Assistance with

- Obtaining informed parental consent
- Accommodating parental presence during dental procedures
- Assisting students and parents in obtaining insurance or Medicaid cards
- Providing follow-up on broken appointments
- Marketing dental services of the School Dental Program & distribution of communication materials
- Implementing joint health education workshops, if applicable, in all project schools.

The _____ Dental Program will provide the following:

THROUGH ON-SITE SERVICES (for enrolled students only – with parental consent):

- Primary and preventive dental health services for children according to the Dental Health Guidelines.
- Referral and follow-up for needed dental care.
- Health education for parents and teachers in cooperation with the school
- First aid and emergency care (Available to **all** students in the school).

BY REFERRAL TO A SOURCE OF CARE AT:

(Facility Name)

SIGNATURES:

Chief Health Care Officer

Date

Superintendent of School District/ School Principal

Date