

Memorandum of Understanding

This Memorandum of Understanding (MOU) is made and entered into by and between _____ Health Provider and _____ School. The following delineates key points regarding agreed upon responsibilities under the _____ Health Partnership program to promote health and wellness for children by facilitating medical and dental services to the students at the _____ School.

The _____ Health Partner will:

- Facilitate services to students and communication between program partners.
- Collaborate with program partners to provide training to program staff as needed.
- Work with partner to develop and implement medical and dental care services for students.
- Maintain program records in compliance with required regulations.
- Participate in the School Intervention Assistance Team.
- Provide services to operate Fast Track Health Services _____ onsite or _____ school-linked.

The _____ School will:

- Collaborate with program partners in developing medical and dental services to promote health and wellness.
- Assist in program evaluation. Track necessary information and provide required program reports in a timely fashion as needed.
- Coordinate assistance from other health providers, i.e., City Health Department and Recreation Department, mental health provider.
- Provide ongoing communication and oversight of health program.
- Provide assistance to Health personnel with parental involvement in partnership planning and review.

The signatures below indicate agreement with the terms stated above.

Health Provider Date

School Responsible Party Date

Growing Well Cincinnati Representative

Date