**LETTER OF AGREEMENT BETWEEN**

[LOCAL HEALTH DEPARTMENT NAME AND PROGRAM]AND **[\_\_\_\_\_\_]**

This Letter of Agreement outlines the responsibilities of the [LOCAL HEALTH DEPARTMENT NAME] (“PHD”) and **[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]** (“School”) in implementing [PROGRAM NAME].

[PROGRAM NAME]is a school-based vaccination event that provides free COVID-19/ influenza vaccinations to students at participating schools. [PROGRAM NAME] is a partnership of [LIST AGENCY PARTNERS]. This Letter of Agreement shall remain in effect until terminated by either party in writing.

To implement [PROGRAM NAME], will:

1. Provide School with promotional materials for school staff to educate families about the program.
2. Provide information to staff and teachers about the program.
3. Provide School with consent forms to distribute to parents/guardians for students to participate in [PROGRAM NAME].
4. Provide staff or volunteers to review consents for completeness prior to the agreed-upon date for administration of the vaccinations (Vaccine Day).
5. Provide a team to administer free flu vaccinations to students and staff on Vaccine Day, on the school campus, during school hours. Vaccinations will be administered by trained vaccinators.
6. Provide documentation to students of the vaccine received.

To support this effort, **[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]** will:

1. Promote the program with families by posting provided promotional material on campus and distributing promotional materials.
2. Distribute and collect consent forms on the agreed-upon deadlines.
3. Communicate in a timely manner with public health department staff regarding material needs and scheduling.
4. Identify an appropriate space to hold the Vaccine Day and provide chairs and tables as needed.
5. Permit Public health department staff and volunteers’ access to School’s campus and facilities as necessary to prepare for and participate in Vaccine Day. This may include access on dates other than Vaccine Day.
6. Recruit parent/ guardian volunteers to help support program staff on Vaccine Day.
7. Help identify students with their consent forms to maintain safety.
8. Participate in a post-program evaluation survey.
9. Ensure that public health department staff 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 Vaccine Day.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title, [NAME] Date: XX/XX/XX  [LOCAL HEALTH DEPARTMENT NAME] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal, [NAME] Date: XX/XX/XX  [SCHOOL NAME] |