

MHS Mobile Dental: Memorandum of Understanding

A Memorandum of Understanding (MOU) between:

Oral (Dental) Healthcare Provider: MHS Mobile Dental

School/School District/Organization: _____

The purpose of this MOU is to define and outline the responsibilities of the healthcare provider, MHS Mobile Dental and the School District or Organization listed above when MHS Mobile Dental comes on-site to provide dental care services. This agreement provides authorization from the Organization or School District to allow MHS Mobile Dental to provide dental care and follow-up screenings at the agreed upon and scheduled times during the Fall or Spring semesters covering the entire **2024-2025** school year.

The School/Organization agrees to provide the following support to the MHS Mobile Dental staff while at this site:

FACILITIES:

- *Available space for setup of dental services equipment & access to water/sink & toilet facilities

EQUIPMENT & SUPPLIES:

- *At least one telephone for contacting the dental personnel (Front office, Nurse office, etc.)

PROGRAMMATIC COMPONENTS: Assistance with:

- *Obtaining parental consent forms
- *Accommodating parental presence (if requested) during dental procedures
- *Assist in distribution of communication materials relating to the school-based dental program

MHS Mobile Dental will provide the following:

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

- *All necessary computer and dental equipment or supplies needed to provide service
- *Primary & preventive dental health services & follow-up screenings according to Dental Health Guidelines.
- *Referral and follow-up for needed dental care

SIGNATURES:

MHS Mobile Dental Representative

Date: _____

School/School District/ Organization Representative

Date: _____

