

**Agreement for Community Health Screenings
between
City of Austin Community Health Initiative
and Austin Independent School District**

This Agreement for Community Health Screenings is between the City of Austin (“City”) through its Health and Human Services Department’s (HHSD) Community Health Initiative program and the Austin Independent School District (“AISD”), and sets forth the terms and conditions under which the parties will participate in outreach activities related to health screenings for AISD students from low income families.

A. Purpose

This Agreement reflects the common commitment of the City and AISD to address the public health challenges facing certain low-income Austin residents, and reflects the intent of each party to work together toward achieving improved health screenings for students at LBJ High School.

B. Roles and Responsibilities

The City shall:

1. Provide licensed nurses to perform the following health screenings and education at LBJ High School: blood pressure readings; blood sugar tests; diabetes information and group education, and obesity information.. The screenings will occur during the School’s fall and spring semesters on dates and at times to be mutually agreed upon in advance by the parties. Health screening services will be offered free of charge to adults and, as appropriate, to minors who are accompanied by a parent.
2. Require City staff to comply with City policies, procedures and standing delegation orders.
3. Include City name on promotional and educational materials.
4. Re-check abnormal screening results and, when appropriate, recommend that the student or the student’s parent follow-up with his or private physician.
5. Provide needed screening equipment and supplies.
5. Provide sign in sheet (names only) and any appropriate consents or waivers.
6. Provide translator, if pre-arranged and staff is available.
7. Perform screenings with minimal disruption to other services being provided at the Schools.
8. Identify a City contact person to address questions, concerns, and arrange screening schedules.

The School shall:

1. Provide private office space with sufficient seating.
2. Provide sufficient space and furniture for the screenings, including space for equipment and staff.
3. Provide utilities and disposal of any trash generated during screening events.
4. Coordinate the distribution of information about upcoming screening events to students and parents.
5. In advance of each screening event, coordinate the distribution of consent and waiver forms provided by City to students' parents.
6. Identify a contact person at each School who will address questions, concerns, and arrange screening schedules. The School contact person shall be present whenever screening services are being provided by City staff.
7. Require School staff to comply with applicable local, state and federal laws, and require students to comply with School rules and policies.
8. Provide assistance from School staff to supervise students who participate in the health screenings.

C. Funding

This agreement does not impose any financial obligation on either party, and nothing herein shall be construed to commit either party to provide any funding.

D. Services Limited to Screenings

School acknowledges that City shall not be providing medical treatment, diagnoses or treatment during the screenings. Services shall be limited to those health screenings determined to be appropriate by the Medical Director of the City's Health and Human Services Department. Screening services shall be provided only to students enrolled at a School who either: 1) present a signed written authorization from a parent or legal guardian, or 2) present valid photo identification showing they are at least 18 years of age.

D. Term/Amendment

This agreement shall commence on October 1, 2008, for an initial term of nine months. Either party may terminate this Agreement with or without cause by providing not less than twenty-one (21) days written notice to the other party, at the addresses set forth below. This agreement may be modified only in a writing signed by authorized officials of each party.

E. Notices/Contacts

Any notice to the other party under this Agreement shall be sent, via confirmed facsimile or certified mail, return receipt requested, to the following address:

To City:

City of Austin
Shannon Jones, Assistant Director
Public Health and Community Services
Health & Human Services Department
RBJ Building, 4th Floor
15 Waller Street
Austin, Texas 78702
Facsimile: 512-_____
Telephone: 512-972-5410

To AISD:

_____ [insert name and address of contact person]

Austin, Texas _____
Facsimile: _____
Telephone: _____

**CITY OF AUSTIN
Health & Human Services Department**

By: _____

Title: _____

Date: _____

AUSTIN INDEPENDENT SCHOOL DISTRICT

By: _____

Title: _____

Date: _____