

**Memorandum of Understanding Between  
La Joya Independent School District  
And County of Hidalgo**

(ad)

This Agreement is made on this 26<sup>th</sup> day of February, 201~~2~~<sup>13</sup> by and between **LA JOYA INDEPENDENT SCHOOL DISTRICT**, hereinafter referred to as "School District", and County of Hidalgo by and through The Hidalgo County Health & Human Services Department, hereinafter referred to as "HCHHSD" for providing immunization and immunization clinics to students from La Joya Independent School District.

**WHEREAS**, the School District shall pay HCHHSD a fee of \$5.00 per vaccine for each qualifying student vaccinated by the HCHHSD. Payment shall be made on/or before services rendered. The total amount of doses administered shall be determined by the School District.

**WHEREAS**, The School District and HCHHSD are authorized to enter into this agreement for the mutual benefit of both School District and HCHHSD.

**NOW THEREFORE**, School District and HCHHSD, in consideration of the mutual agreement expressed hereinafter, agree as follows:

1. HCHHSD shall conduct Immunization clinics to TVFC qualifying students 18 years of age or younger; which will cover all school required vaccine for qualifying students; screening immunization records, screening for TVFC program eligibility, educating students and parents on vaccine preventable diseases, school required vaccines, and Immtrac, (State Immunization Registry).
2. HCHHSD will conduct immunization clinics at the designated place, date and time the School District and the Immunization Program Coordinator decide on.
3. HCHHSD shall provide the School District students with an immunization record or an updated immunization record as proof that required vaccines were administered.
4. **TERMINATION.** Either party shall have the right to terminate this Agreement with or without cause upon thirty (30) days written notice.

**LA JOYA INDEPENDENT SCHOOL DISTRICT**

**COUNTY OF HIDALGO, TEXAS**

Mauro Alvarez 2/4/13  
Executive Assistant/Principal      Date

\_\_\_\_\_  
Hidalgo County Judge      Date

Aldo Benavente 1/22/13  
Superintendent      Date

Attest: \_\_\_\_\_  
Hidalgo County Clerk      Date

Approved as to form:  
Office of Criminal District Attorney, Rene Guerra

By: \_\_\_\_\_  
Josephine Ramirez Solis  
Assistant District Attorney