

**MEMORANDUM OF UNDERSTANDING**  
**between**  
**VISION TO LEARN,**  
**a California not for profit corporation**  
**and**  
**SYLVAN UNION SCHOOL DISTRICT**

This Agreement is entered into between **Vision To Learn**, hereafter referred to as Provider, and Sylvan Union School District, hereafter referred to as District, for the purpose of operating a Mobile Vision Clinic ("Mobile Clinic") on the campus of District school(s).

**1. Description of Services.** Provider will provide the following vision services (the "Services") to students referred to Provider by the District as having been identified as potentially having uncorrected vision difficulties (hereafter referred to as "Referred Student(s)"):

- A. Basic vision examination for Referred Students'
- B. Prescription and fitting of glasses
- C. Provision of glasses from Provider's available selection. Glasses will be delivered on a separate date approximately two weeks after exam.
- D. As feasible and appropriate, referrals to the school nurse for additional care where indicated.

**2. Services Provided Without Charge.** Neither the District nor any student will be asked to pay for Provider's services.

**3. Schools to be Served.** District schools to be served and dates of service will be determined jointly by agreement of the District and the Provider ("Selected Schools").

**4. Role of the District.** In order to enable Vision To Learn to provide the Services, the District will be responsible for the following:

- A. Prescreen all students in a Selected School and identify those with potential uncorrected vision difficulties.
- B. Obtain written parental/guardian consents for Referred Students on a form provided by Provider.
- C. Provide parking and electrical service for the Mobile Clinic (a converted RV) on the date of exams, and classroom or other suitable space for glasses delivery on the date of delivery.

D. Provide staff or volunteers to accompany Referred Students to and from the Mobile Clinic.

E. Provide access to photocopy and/or fax machine for incidental use.

**5. Responsibilities of Provider.**

- A. Provider will be responsible for staffing the Mobile Clinic and obtaining any necessary or appropriate licenses, permits or registrations.
- B. Provider will provide the services
- C. Provider will maintain in effect the following forms of insurance in the following amounts:
  - a. Commercial General Liability Insurance - \$1,000,000 per occurrence.
  - b. Vehicle Liability Insurance - \$1,000,000 per occurrence
  - c. Workers' Compensation Insurance.
  - d. Professional Liability Insurance - \$1,000,000 per occurrence.
- D. Provider will retain records on services provided for Referred Students.

**6. Term & Termination.** This agreement will continue in effect until terminated by either party upon 30 days notice to the other, or by mutual consent.

In witness whereof this agreement has been executed as of the date set forth above:

**SYLVAN UNION SCHOOL DISTRICT**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**VISION TO LEARN**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_