

**STATE OF GEORGIA  
COUNTY OF GORDON**

**AGREEMENT  
CITY SCHOOL NURSE SERVICES**

This Agreement is made effective as of the First day of July, 2019, by and between Gordon County, a political subdivision of the State of Georgia (hereinafter referred to as the "County") and the Calhoun City Schools (hereinafter referred to as the "City-Schools").

**WHEREAS**, the County and the City Schools agree that the health of the children enrolled in the Calhoun City School System is a matter of public concern; and

**WHEREAS**, the provision of limited medical services to the children of Gordon County while attending the Calhoun City School System will promote the general welfare of all citizens of Gordon County; and

**WHEREAS**, the County wishes to continue to support the School Nurse Program which is currently in place within the Calhoun City Schools and is administered by the City Schools; and,

**WHEREAS**, it is in the best interest of the public health, safety and welfare of all Gordon County citizens for medical care to be provided to the children attending the Calhoun City public schools through utilization of the School Nurse Program.

**NOW THEREFORE**, in consideration of the mutual covenants and promises hereinafter contained, and other good and valuable considerations, the receipt and sufficiency of which is hereby acknowledged, it is agreed as follows:

1. The County shall pay to the City Schools by and through its Board of Education the amount of \$34,125.00 (Thirty-Four Thousand One Hundred Twenty-Five and 00/100) with said amount to be used for the Calhoun City School Nurse Program. These funds shall be used by the City Schools for the school year budget period beginning on July 1, 2019 and ending on day of June 30, 2020.
2. The City Schools agree to utilize these funds solely for the purpose of providing medical care, treatment, and prevention programs to the children of Gordon County through the School Nurse program offered by and at the Calhoun City Schools.
3. The parties agree and understand that any employees, providers, agents or officials employed or utilized in any manner in the provision of any medical care, treatment, and prevention programs to the children through the School Nurse program offered by and at the Calhoun City Schools are not employees of, agents of, or employed by Gordon County Government and its Board of Commissioners. It is further agreed by the parties that it is the sole responsibility and

discretion of the City Schools as to who they employ or utilize to provide these medical services through the School Nurse program.

4. Should the City Schools decide to discontinue the School Nurse Program, then the City Schools agree to reimburse to Gordon County any funds which have been paid by the County but have not been expended by the Calhoun City Schools for the operation of the School Nurse program during the 2019-2020 school year.

5. The parties agree to comply with all applicable Federal and State laws, rules, and regulations, and local ordinances now in effect or later adopted. Any notices, requests, comments, and other communications required or permitted under this Agreement shall be in writing and shall be hand delivered or mailed by registered or certified mail, return receipt requested, addresses as follows:

As to the County Government:

Chair, Gordon County  
Board of Commissioners  
Post Office Box 580  
Calhoun, Georgia 30703

As to the City Schools:

Chair, Calhoun City Schools  
Board of Education  
380 Barrett Rd.  
Calhoun, Georgia 30701

6. This Agreement constitutes the entire understanding of the parties and there are not other agreements or understandings, oral or written, between the parties relating to the subject matter hereof. No amendment or modification of this Agreement shall be valid or binding upon the parties unless made in writing and signed on behalf of such parties by their respective representatives.

Approved as effective on July 1, 2019.

BOARD OF EDUCATION  
CITY OF CALHOUN

BOARD OF COMMISSIONERS  
OF GORDON COUNTY, GA.

BY: \_\_\_\_\_

NAME:

TITLE:

BY: \_\_\_\_\_

BECKY HOOD

CHAIRMAN

ATTEST: \_\_\_\_\_

NAME:

TITLE:

ATTEST: \_\_\_\_\_

ANNETTE BERRY

CLERK