

**STATE OF GEORGIA  
COUNTY OF GORDON**

**AGREEMENT  
COUNTY 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 Gordon County School District (hereinafter referred to as the "County Schools").

**WHEREAS**, the County and the County Schools agree that the health of the children enrolled in the County 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 County 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 County Schools and is administered by the County 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 County 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 County 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 County School Nurse Program. These funds shall be used by the County Schools for the school year budget period beginning on July 1, 2019 and ending on day of June 30, 2020.
2. The County 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 Gordon County 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 Gordon County 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 County Schools as to who they employ or utilize to provide these medical services through the School Nurse program.

4. Should the County Schools decide to discontinue the School Nurse Program, then the County Schools agree to reimburse to Gordon County any funds which have been paid by the County but have not been expended by the County 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:	As to the County Schools:
Chair, Gordon County Board of Commissioners Post Office Box 580 Calhoun, Georgia 30703	Chair, Gordon County Schools Board of Education P.O. Box 12001 Calhoun, Georgia 30703

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  
OF GORDON COUNTY, GA

BOARD OF COMMISSIONERS  
OF GORDON COUNTY, GA.

BY: \_\_\_\_\_  
NAME:  
TITLE:

BY: \_\_\_\_\_  
BECKY HOOD  
CHAIRMAN

ATTEST: \_\_\_\_\_  
NAME:  
TITLE:

ATTEST: \_\_\_\_\_  
ANNETTE BERRY  
CLERK