

**CONTRACT FOR SCHOOL HEALTH SERVICES
BETWEEN THE GALION SAINT JOSEPH CATHOLIC SCHOOL, BOARD OF EDUCATION OF GALION SCHOOLS
AND THE GALION CITY BOARD OF HEALTH
School Year 2014-2015**

By and between the Board of Health of the City of Galion, Galion Saint Joseph Catholic Church School, and Galion City School District,

Whereas, Galion Saint Joseph Catholic Church School, wishes to obtain school nursing services, and whereas, the Galion City Health Department is able to provide school nursing services to Galion Saint Joseph Catholic Church School,

Be it therefore resolved, that Galion Saint Joseph Catholic Church School, Galion City School District (fiscal agent for Galion Saint Joseph Catholic Church School), and the Galion City Health Department are able and willing to enter into this agreement for school nursing services.

Be it further resolved, that the Galion City Health Department, Galion Saint Joseph Catholic Church School, and Galion City School District mutually agree as follows:

A. Galion City Health Department agrees:

1. To provide the following nursing services as per needed:
 - Head lice clearance per appointment at the Galion City Health Department (no charge)
 - Assist in filing Student Health Records
 - Assist in Student Health Screenings (i.e. vision, hearing)
 - Immunization Record Review

B. The Galion Saint Joseph Catholic Church School and Galion City School District agrees:

1. To reimburse the Galion City Health Department for school nursing service at a rate of **\$35.00** per hour for above listed nursing services during the school year, exception lice clearance at no charge.
2. Days and times may vary according to each entities need
3. To make payment to the Galion City Health Department on a monthly basis upon receipt of an invoice from the Galion Health Dept.
4. Additional hours will be allowed for emergency situations with administrative approval.
5. Acceptance of this contract or evidence the both parties will comply with the Title VI and VII of the 1964 Civil Rights Act which prohibits discrimination because of race, color, religion, sex, national origin, handicap ancestry, or age in any facet of operation.
6. Acceptance of this contract or authorization is evidence of the health district's intent to comply with HIPPA, which ensures, in part, the confidentiality and safeguarding of protected health information, as well as other requirements set forth by law.
7. Either party may terminate this contract with a thirty day written notice to the other party.

C. Effective Dates

1. This agreement will take effect upon commencement of each entity governing board's approval and signature.

GALION CITY HEALTH DEPT

By _____
President
and _____
Health Commissioner

Date _____

GALION Saint Joseph Catholic Church School

By *Donna J. Curcio*
Position/Title *Principal*

Date *8-22-14*

Galion City School District

By _____

Position/Title _____

Date _____