



WASHOE COUNTY SCHOOL DISTRICT  
STUDENT ACTIVITIES  
5450 Riggins Court, Suite 3, RENO, NV 89502  
(775) 353-6918 FAX (775) 689-2625  
Rollins Stallworth II, Coordinator  
Nasyeli Centeno, Administrative Assistant

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## **STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING**

***Additional Disclaimer: Signing below indicates your permission for Washoe County School District (WCSD) to administer tests for myself or child in order to participate in football under the guidelines of the WCSD, NIAA and the Governor's Director 038. You will be notified by the school when testing is occurring and of the testing result.***

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older), must self-isolate and continue wearing a mask or face covering as directed in an effort to avoid infecting others. I understand that a positive result means that my child or I will not be able to participate in football until I have met all testing and/or quarantine requirements.
- C. I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

***I, the undersigned, have been informed about the test purpose; procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19 and hereby waive, discharge and release the WCSD from any liability associated with the Covid-19 testing and its adherence to State Covid-19 restrictions.***

**TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT**

**Parent/Guardian Information**

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Cell/Mobile #: \_\_\_\_\_

**Child/Student Information**

Child/Student Print Name: \_\_\_\_\_

School \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(MM/DD/YYYY)

**Required Signature:**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Dates of the proposed Covid Test are:**

1<sup>st</sup> Test: Week Date: March 3, 2021

2<sup>nd</sup> Test: Week Date: March 10, 2021

3<sup>rd</sup> Test: Week Date: March 17, 2021

4<sup>th</sup> Test: Week Date: March 24, 2021

5<sup>th</sup> Test: Week Date: March 31, 2021

6<sup>th</sup> Test: Week Date: April 07, 2021