



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

**(Athletic Participation)**

## **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 **NIAA Sanctioned Athletics** under the guidelines of the WCSD, NIAA and the Governor's Director 048. 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 **Athletic Participation** 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: \_\_\_\_\_

- Weekly Covid-19 Testing will be required weekly throughout the 2021-2022 NIAA sanctioned sports season.
- All other Sanctioned Sports will require Covid-19 Testing for all trips/games scheduled outside of the Washoe County School District.