



### **Information**

Phone: (775) 782-5134

Fax: (775) 782-3162

[www.dcsd.k12.nv.us](http://www.dcsd.k12.nv.us)

### **Administration**

Keith Lewis  
Superintendent  
(775) 782-5135

### **Education Services**

Jeannie Dwyer  
Executive Director, Area 1  
(775) 265-5262

Brian Frazier  
Executive Director, Area 2  
(775) 782-5160

Rommy Cronin-Mack  
Executive Director, Area 3  
(775) 782-7170

Melissa Rains  
Executive Director, Area 4  
(775) 782-7179

### **Human Resources**

Joe Girdner  
Executive Director  
(775) 782-7177

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# Douglas County School District

1638 Mono Avenue • Minden, Nevada 89423

## **Informed Consent by Parent/Guardian for COVID-19 Testing of DCSD Students using Abbott's BinaxNOW Rapid Antigen Test**

Please carefully read and sign the following Informed Consent:

- a. I authorize a COVID-19 testing unit to conduct weekly collection and testing for COVID-19 through a nasopharyngeal swab.
- b. I authorize my child's test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- c. I acknowledge that a positive test result is an indication that my child must self-isolate and/or quarantine at home for a designated period of time (i.e. up to 10 days) as directed in an effort to avoid infecting others.
- d. I understand the testing unit is not acting as my medical provider, this testing does not replace treatment by my 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 medical provider if I have questions or concerns, or if my child's condition worsens.
- e. I understand that, as with any medical test, there is the potential for a false positive or a false negative COVID-19 test result.
- f. I understand that this weekly COVID-19 testing is a requirement in order for my child to participate in the school football program.

I, the undersigned, have been informed about the test's purpose for the safety of DCSD athletics and I have received a copy of this Informed Consent.

**I voluntarily agree to this student testing for COVID-19.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student First Name & Last Name

\_\_\_\_\_  
Student's School

\_\_\_\_\_  
Signature of Parent / Guardian