

STUDENT AFFIRMATION OF OVER THE COUNTER (OTC) COVID-19 ANTIGEN TEST RESULT TO RETURN TO SCHOOL

COMPLETE THIS SECTION IF YOUR CHILD:

IS FULLY VACCINATED AND SYMPTOMATIC

I, (print name) _____, do hereby affirm that my child
(print name) _____ DOB _____ has tested
negative on TWO OTC COVID-19 antigen test at least 24-48 hours apart, following the
manufacturer’s specific instructions, and has a resolution of symptoms permissible to return to
school.

Test #1 Date: _____ Test #1 Time: _____ am/pm (circle)

Test result #1: _____

Test #2 Date: _____ Test #2 Time: _____ am/pm (circle)

Test result #2: _____

Parent/Guardian signature _____

Date: _____

NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY
PUBLIC. YOU ARE SWEARING TO THE VERACITY OF THE INFORMATION YOU HAVE
PROVIDED ON THE FORM.

For School Use:

Received on: _____

Received by: _____

Comments:

STUDENT AFFIRMATION OF OVER THE COUNTER (OTC) COVID-19 ANTIGEN TEST RESULT TO RETURN TO SCHOOL

COMPLETE THIS SECTION IF YOUR CHILD:

IS UNVACCINATED or NOT FULLY VACCINATED AND SYMPTOMATIC

NOTE: NOT FOR CHILDREN CURRENTLY IN QUARANTINE AFTER A COVID EXPOSURE

I, (print name) _____, do hereby affirm that my child
(print name) _____ DOB _____ has tested
negative on TWO OTC COVID-19 antigen test at least 24-48 hours apart, following the
manufacturer’s specific instructions, and has a resolution of symptoms permissible to return to
school.

Test #1 Date: _____ Test #1 Time: _____ am/pm (circle)

Test result #1: _____

Test #2 Date: _____ Test #2 Time: _____ am/pm (circle)

Test result #2: _____

Parent/Guardian signature _____

Date: _____

NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC. YOU ARE SWEARING TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

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