

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

COMPLETE THIS SECTION IF YOUR CHILD:

I, (print name) \_\_\_\_\_, do hereby affirm that my child  
(print name) \_\_\_\_\_ DOB \_\_\_\_\_ has  
tested negative on TWO OTC COVID-19 antigen test at least 36 hours (1.5 days) apart  
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: