

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

This form should be completed by parents prior to a child's return to school following COVID-19 symptoms.

Child's Full Name (please print)		
Child's Date of Birth		
Child's Vaccination Status (circle one)	Fully Vaccinated	Not Fully Vaccinated
Parent's Full Name (please print)		

I do hereby affirm that my child (full name and date of birth listed above) has tested **NEGATIVE** on TWO over-the-counter (at home) COVID-19 antigen tests at least 36 hours (1.5 days) apart and has a resolution of symptoms permissible to return to school.

OTC Test #1	Date:	Time:	am/pm
OTC Test #1 Result (circle one)	Negative		Positive

OTC Test #2	Date:	Time:	am/pm
OTC Test #2 Result (circle one)	Negative		Positive

Parent/Guardian Signature

Date: _____

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

FOR SCHOOL/OFFICE USE ONLY	
Date Received	
Reviewed By	
Comments/Notes	