



AFFIRMATION/ATTESTATION OF OVER THE COUNTER (OTC) COVID-19 ANTIGEN TEST RESULT AND CONSENT TO TEST AT SCHOOL PRIOR TO RETURN TO SCHOOL

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

I, (print name) _____, do hereby affirm and attest that my child (print name) _____ DOB _____ has tested negative on an OTC COVID-19 antigen test, following the manufacturer's specific instructions, at least 24 hours prior to the submission of this Affirmation and his/her intended date of return to school and has a resolution of symptoms permissible to return to school.

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

Test result: _____

Test Manufacturer and Type _____

Further, I, (print name) _____, do hereby consent to my child (print name) _____ DOB _____ to be tested for COVID-19 by the District using a COVID-19 antigen test upon their return to school and understand that if my child tests positive for COVID-19, he/she will not be permitted to return to school at that time and that I will be notified of the positive test and responsible for picking up my child/taking my child home. I also understand that my child's test results and other information may be disclosed as permitted/required by law, that COVID-19 tests are not 100% accurate, and that I agree to hold the District and its employees harmless from any claims related to false negatives and/or false positives.

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: