

HARTFORD CENTRAL SCHOOL DISTRICT



AFFIRMATION OF OVER-THE-COUNTER COVID-19 ANTIGEN TEST
RESULT TO RETURN TO SCHOOL

I, (Parent's Name) _____, do hereby
affirm that my child (Child's Name) _____
DOB _____ has tested negative on two (2) over-the-counter
COVID-19 antigen tests at least 36 hours 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: _____