



COVID-19 Negative Home Antigen Test Parent/Guardian Attestation Form

Nazareth School has developed a GUIDANCE FOR STUDENT SENT HOME WITH COVID-like ILLNESS form. To ensure the safety of all students and staff the GUIDANCE FOR STUDENT SENT HOME WITH COVID-like ILLNESS form will be used to explain to the parent/guardian, the symptoms the student presented to school staff and guidance for the next steps.

As explained in the GUIDANCE FOR STUDENT SENT HOME WITH COVID-like ILLNESS form, a parent/guardian attestation form must be presented when a COVID-19 home antigen test is used.

Instructions: This form is to be completed in its entirety by the parent/guardian and returned to the school before the student may return to in-person learning, extracurricular or school activities. School staff should maintain the form in the health section of the student’s cumulative folder for the duration of the school year.

Student Name:	DOB:	Date of Home Antigen Test:

I, as the parent/guardian attest to the following:	Yes	No
FIRST TEST- Date and Time Tested: _____ & _____ am/pm Brand of Home Test: _____ Serial Number on Test Packaging: _____ The Covid-19 antigen test administered at home was negative (First one given in response to symptoms)		
SECOND TEST- Date: Date and Time Tested: _____ & _____ am/pm Brand of Home Test: _____ Serial Number on Test Packaging: _____ The Covid-19 antigen test administered at home was negative (Second one given 12-24 hours after first at home test)		
The negative Covid-19 home antigen test result is for my student named above.		
The dates of the tests noted above are true and accurate		
My student is no longer exhibiting symptoms or symptoms have improved		
My student has been fever-free for 24 hours without fever-reducing medication		

Parent/Guardian Signature _____ Date _____