

HARTFORD CENTRAL SCHOOL DISTRICT



AFFIRMATION OF “AT HOME” TEST TO STAY

I, (Parent’s Name) \_\_\_\_\_, do hereby  
affirm that my child (Child’s Name) \_\_\_\_\_  
DOB \_\_\_\_\_ is asymptomatic and has been tested using an over-  
the-counter COVID-19 antigen test.

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Test result: \_\_\_\_\_

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Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_