



# North Tonawanda City School District

Administrative Offices, 176 Walck Rd., North Tonawanda, NY 14120

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## **AFFIRMATION OF OVER THE COUNTER (OTC) COVID-19 ANTIGEN TEST RESULT TO RETURN TO SCHOOL AFTER HAVING SYMPTOMS**

I, (print name) \_\_\_\_\_, do hereby affirm that my child

(print name) \_\_\_\_\_ DOB \_\_\_\_\_ has tested **negative** on an OTC COVID-19 antigen test and has a resolution of symptoms permissible to return to school. *Student symptoms are improving and they have been fever-free without the use of fever reducing medication for at least 24 hours.*

Test Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ am/pm (circle)

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

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

**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: \_\_\_\_\_