

WHITEHALL 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.

Date: _____ Time: _____ am/pm

Test result: _____

Parent/Guardian signature: _____

Date: _____