



Argyle CSD

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

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I, \_\_\_\_\_ (Parent's Name) , do hereby affirm that my  
child

(Child's Name) \_\_\_\_\_ DOB \_\_\_\_\_

has tested negative on two (2) at-home COVID-19 antigen tests at least 36 hours  
apart and has a resolution of symptoms permissible to return to school.

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Test #1 Date:

Test #1 Time:            am/pm (circle)

Test result #1: \_\_\_\_\_

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Test #2 Date:

Test #2 Time:            am/pm (circle)

Test result #2: \_\_\_\_\_

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

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