

**WHITEHALL CENTRAL SCHOOL DISTRICT**  
**PO Box 29, 87 Buckley Road, Whitehall, New York 12887-3633**  
**Whitehall – Birthplace of the U. S. Navy – [www.railroaders.net](http://www.railroaders.net)**

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

I, (Parent's Name) \_\_\_\_\_, do hereby  
affirm that my child (Child's Name) \_\_\_\_\_  
DOB \_\_\_\_\_ has tested negative on two (2) over-the-counter  
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 (

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

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Test #2 Date: \_\_\_\_\_ Test #2 Time: \_\_\_\_\_ am/pm (circle)

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

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

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