

## At-Home Parent/Guardian Administration Attestation

This form is used for parents to attest to conducting negative over the counter COVID-19 Tests at home. Please report a positive result to Albany County Department of Health at <https://www.albanycounty.com/departments/health/coronavirus-covid-19>.

NOTE: The OTC test used to return to school must be on the list of COVID-19 antigen tests that have received US FDA Emergency Use Authorization (EUA).

[List of FDA approved COVID-19 antigen tests.](#)

I, (print name) \_\_\_\_\_, do hereby affirm that my child/self (print name) \_\_\_\_\_ DOB \_\_\_\_\_ has tested negative using FDA approved OTC COVID-19 antigen test on the following dates.

Date of Test #1: \_\_\_\_\_ Test #1 Time: \_\_\_\_\_ am/pm (circle one)

Test #1 result (circle one): Positive      Negative

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

Test #2 result (circle one): Positive      Negative

\_\_\_\_\_  
Parent/Guardian/Self Signature

\_\_\_\_\_  
Date

For School Use:

Received on: \_\_\_\_\_

Received by: \_\_\_\_\_