**Parent/Guardian Attestation of Confirmed Negative COVID-19 Test for Child**

**Today’s Date:**

**Student’s Name:**

**School: Grade:**

**Parent Name:**

**Address:**

**Phone Number:**

**Testing Certification:**

I attest that my child tested negative for COVID-19 using an FDA approved/authorized test that was taken on or after day 5 from symptom onset, close contact, or a positive COVID-19 test.

**Date of COVID-19 Test:**

**Location of COVID-19 Test:**

**My child has not experienced or displayed any of the following COVID-19 symptoms in the last 24 hours:**

* Fever or chills (No fever greater than 100 without the use of fever reducing medication)
* Diarrhea
* Loss of taste or smell
* Shortness of breath (if not a chronic condition), or other respiratory symptoms
* Muscle aches or severe fatigue
* Nausea or other GI symptoms except for diarrhea or vomiting
* Headache
* Chills
* Vomiting
* Cough
* Sore throat
* Congestion
* Runny nose

** Agree  Disagree**

**My signature confirms the above and understand that this form must be turned in to my child’s school at the start of Day 6 or my child will immediately be placed on at-home quarantine.**

**Parent Signature Date**