

FCPS COVID-19 Negative Home Antigen Test Parent/Guardian Attestation Form

Fairfax County Public Schools in collaboration with the Fairfax County Health Department (FCHD), has developed a **FCPS GUIDANCE FOR STUDENT SENT HOME FROM THE CARE ROOM WITH COVID-like ILLNESS** form. To ensure the safety of all students and staff the **FCPS GUIDANCE FOR STUDENT SENT HOME FROM THE CARE ROOM WITH COVID-like ILLNESS** form will be used to explain to the parent/guardian, the symptoms the student presented to school staff and guidance for the next steps.

As explained in the FCPS GUIDANCE FOR STUDENT SENT HOME FROM THE CARE ROOM WITH COVID-like ILLNESS form, a parent/guardian attestation form must be presented when a COVID-19 home antigen test is used.

Instructions: This form is to be completed in its entirety by the parent/guardian and returned to the school before the student may return to in-person learning, extracurricular or school activities. School staff should maintain the form in the health section of the student’s cumulative folder for the duration of the school year.

Student Name:	DOB:	Date of Home Antigen Test:
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I, as the parent/guardian attest to the following:	YES	NO
*The COVID-19 antigen test administered at home was negative and I have provided a copy of this result to the school.		
The negative COVID-19 home antigen test result is for my student named above.		
The date of the test noted above is true and accurate.		
My student is no longer exhibiting symptoms or symptoms have improved.		
My student has been fever-free for 24 hours without fever-reducing medication.		
The Daily Health Screening Questionnaire will be used every morning prior to arriving on campus.		

In addition to proof of a negative COVID-19 home antigen test, your student may return to in-person learning if their symptoms have improved, and they have not had a fever without fever-reducing medications for at least 24 hours.

***A picture of the negative COVID-19 home antigen test result must be provided to the school along with this completed form.**

Parent/Guardian Signature _____ **Date** _____