

Green Island Union Free School District

FAQs for rapid, at-home COVID-19 tests

My child has just tested positive on a rapid, at-home COVID-19 test. What should I do next?

- **Please take a picture of the positive test results and a picture of the test box.**
 - Notify your school nurse of the positive result.
 - Report the positive results of an at-home COVID-19 test to the Albany County Department of Health online at <https://forms.albanycounty.com/Forms/dcu8G>
- **Your child must isolate for 5 full days**
 - Day zero is the day your child took the test if they have no symptoms or the day your child's symptoms started if your child took the test while symptomatic.
 - You can find the Albany County isolation information guide here: <https://www.albanycounty.com/home/showpublisheddocument/13378/637426861476800000>
- **Your child may return to school on day 6 under the following conditions:**
 - No fever within 72 hours, without fever reducing medication
 - No runny nose
 - No disruptive cough
 - All other symptoms are improving

My child, who has COVID-19 symptoms just tested negative on a rapid, at-home COVID-19 test. What should I do next?

- **Please take another rapid test 36 hours after the first test**
- Notify your school nurse of the **two** negative result
- Please complete the **Student Affirmation of OTC form** and return to the school upon your child returning to school. (this must be completed before sending your child back to the building)
- You will need to keep your child home from school until symptoms are resolving

Out of an abundance of caution, I tested my child who had no symptoms and they tested negative on a rapid, at-home COVID-19 test. What should I do?

- No further action is required and your child can attend school

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STUDENT AFFIRMATION OF OVER THE COUNTER (OTC) COVID-19 ANTIGEN TEST RESULT TO RETURN TO SCHOOL

COMPLETE THIS SECTION IF YOUR CHILD:

1. IS FULLY VACCINATED AND SYMPTOMATIC

I, (print name) _____, do hereby affirm that my child
(print name) _____ DOB _____ has tested
negative on TWO OTC COVID-19 antigen test at least 36 hours (1.5 days) apart and has a
resolution of symptoms permissible to return to school.

Test #1 Date: _____ Test #1 Time: _____ am/pm (circle)

Test result #1: _____

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

Test result #2: _____

Parent/ guardian signature

Date: _____

COMPLETE THIS SECTION IF YOUR CHILD:

1. IS UNVACCINATED or NOT FULLY VACCINATED AND SYMPTOMATIC

NOTE: NOT FOR CHILDREN CURRENTLY IN QUARANTINE AFTER A COVID EXPOSURE

I, (print name) _____, do hereby affirm that my child
(print name) _____ DOB _____ has tested
negative on TWO OTC COVID-19 antigen test at least 36 hours (1.5 days) apart and has a
resolution of symptoms permissible to return to school.

Test #1 Date: _____ Test #1 Time: _____ am/pm (circle)

Test result #1: _____

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

Test result #2: _____

Parent/guardian signature

Date: _____

NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC. YOU
ARE SWEARING TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE
FORM.

For School Use:

Received on: _____

Received by: _____

Comments:

