



COVID Rapid Home Testing Form

Required before the student can return to school if a BinaxNOW COVID-19 Self-Testing was used and produced 2 negative results, as per the protocol.

Student Name: _____

Classroom: _____ Grade: _____

The Home COVID Testing Protocol has been followed and my child has two negative BinaxNOW COVID-19 Self-Test results.

I, _____ have:
(Name of adult parent or guardian)

- Watched the BinaxNOW **BEFORE** administering the test.
Video, Link: <https://www.youtube.com/watch?v=baQQfoX-JXo>
- Administered two **BinaxNOW COVID-19 Self-Test** to my child named above with the second test given at least 36 hours after the first test and not **MORE** than 3 days after the first test.
- Provided Mill Falls Charter School with an emailed file of EACH of the negative **BinaxNOW COVID-19 Self-Test** results.

Parent/Guardian Signature (printed ok)

Date