



COVID Rapid Home Testing Form

Required before the student can return to school if either a BinaxNOW COVID-19 Self-Test or a QuickVue At-Home OTC COVID-19 Test 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 or two negative QuickVue At-Home OTC COVID-19 Test results.

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

- Watched the Video for the test we used, either BinaxNow or QuickVue at home tests **BEFORE** administering the test.
Binax Video: <https://www.youtube.com/watch?v=baQQfoX-JXo>
QuickVue Video: <https://vimeo.com/533752018>
- Administered **two (2) BinaxNOW COVID-19 Self-Tests** or **two (2) QuickVue At-Home OTC COVID-19 Tests** 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**.