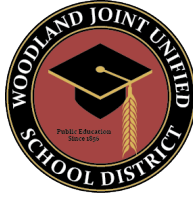


# WOODLAND JOINT UNIFIED SCHOOL DISTRICT

"Excellence for All"

## Board of Trustees

Jake Whitaker, President  
Rogelio Villagrana, Vice President  
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District Website: [www.wjUSD.org](http://www.wjUSD.org)

Tom Pritchard, Superintendent

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To: All WJUSD Parents/Guardians

Date: April 27, 2021

Re: **FREE COVID-19 Testing for WJUSD Students Available Wednesday, April 28**

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Welcome back to WJUSD campuses for in-person learning!

WJUSD is partnering with Healthy Davis Together, a collaboration between the City of Davis and UC Davis, to offer free **weekly** COVID-19 saliva testing for asymptomatic students and staff to help keep our school communities safe and healthy. "Asymptomatic" means a person not showing or experiencing signs or symptoms of illness. We encourage staff and students to participate in weekly COVID-19 testing.

## TESTING DAYS, TIMES AND LOCATIONS

**STARTING WEDNESDAY, APRIL 28, COVID-19** testing will be available for students and staff from 8 am – 4 pm, Monday through Friday at the following locations:

- **Woodland High School (Cafeteria)** - students and staff visiting this site need to enter the cafeteria through the entrance on the N. West Street side.
- **Pioneer High School (Cafeteria)** - students and staff visiting this site will need to park in the front of the school and use the entrance to the left of the Main Administration Office. Staff members need to show WJUSD identification.

Mobile testing teams will visit Plainfield, Sci-Tech and Cache Creek High School on Mondays, Wednesdays and Fridays. Times will be announced soon.

Students will not be excused from instruction time to participate in testing. If you would like your student to participate in testing, they must visit Woodland High School or Pioneer High School before 4 pm daily, Monday through Friday.

## REGISTER YOUR STUDENT BEFORE TESTING

**IF YOU HAVE ALREADY REGISTERED YOUR STUDENT FOR TESTING WITH HEALTHY DAVIS TOGETHER**, please contact their technical support line at 530-754-8382 or email [accountsupport@healthydavistogether.org](mailto:accountsupport@healthydavistogether.org). When you speak to a technical assistant, you will need to request them to move your student's account to the "WJUSD" group. This step will allow the WJUSD School Nurse to

receive your student's COVID-19 test result. If an existing account is not moved to the "WJUSD" group, your student cannot participate in COVID-19 testing at WJUSD.

**IF YOU HAVE NOT ALREADY REGISTERED YOUR STUDENT FOR TESTING WITH HEALTHY DAVIS TOGETHER,** please follow these steps:

1. Visit [HealthyDavisTogether.pointnclick.com](https://HealthyDavisTogether.pointnclick.com) and click "sign up for an account."
2. When prompted, enter agency code "WJUSD" (all CAPS).
3. Complete the registration form.
4. Click on the menu icon at the top left of the page and select "Dependents."
5. Click "Add New Dependent."
6. Complete the mini registration form for your child and click "Submit."
7. Click the menu icon at the top left again and select "Medical Clearances."
8. Click "Update" to complete the Minor Consent Form, which is required for your child to test at school.
9. Review and sign the WJUSD Parent Consent Form (attached), which is required to allow for your child's COVID-19 test results to be sent to the WJUSD School Nurse

Please keep in mind that this testing is **asymptomatic**. "Asymptomatic" means a person not showing or experiencing signs or symptoms of illness.

If your student is currently experiencing symptoms of COVID-19 or has been exposed to COVID-19 and you want your student to be tested, you can visit the Healthy Davis Together location in Davis. You do not need to schedule an appointment for symptomatic testing at this location. For information on location, please contact 530-754-8378. For other testing options, you can also contact your health care provider or visit a [free Yolo County testing site](#) for COVID-19 testing.

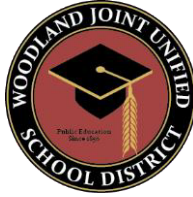
Thank you.

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## **COVID 19 PARENT CONSENT TESTING AUTHORIZATION**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### **IMPORTANT INFORMATION**

In support of the health and safety of our students, our employees and volunteers, and our school district families, we are offering *free* COVID 19 testing for all students and student athletes. Testing is a requirement for participation in certain sports. Participation in this testing program, is subject to the following agreements:

1. The testing will be conducted by individuals authorized by law to conduct such testing, but who are not school district employees. The testing may be conducted by one or more groups, employees or volunteers of other public agencies, public health groups, private health practitioners, or authorized groups.
2. Neither the student nor I (as the authorizing parent/guardian) are entering into a physician-patient relationship with any testing agency or individual, even when test results might be delivered or shared. No medical diagnosis, prognosis, or treatment, or care will be provided. You are encouraged to seek medical advice or guidance from a personal physician or health care provider, or public health officer, for any questions or concerns you may have regarding this test, its potential results, or any potential care or treatment.
3. In the event of a positive COVID test result, I authorize the testing provider to share the minor's name, contact information provided, and the minor's test results with the school district's School Health Team (Nurse, LVN or Health Technician) and, if appropriate local or county health officials. For both positive and negative test results, the testing provider is authorized to share with regulatory agencies as required or authorized by law, to transmit in a secure manner (including methods that might be required by the California Department of Public Health law) information regarding the following identifying information: (a) student name/my name; (b) telephone/email contact information; (c) date of birth; (d) gender/race, and residence address information. In the case of notification to the school district of a positive result, the school district shall apply safety and health protocols as adopted or required by law, ordinance, or school district policy.
4. Neither the school district, the testing provider, nor any supporting or sponsoring agency ("testing parties") warrants or guarantees that the testing results will be accurate or provided with any specific time period. This voluntary testing procedure is undertaken subject to a full and knowing release of any potential future claim or cause of action against the testing parties, their boards of directors, owners, officers, employees and/or volunteers, with this waiver and release to be given the broadest interpretation and application as allowed by law in support of this public health initiative.

By signing below: (1) I am confirming my understanding of all terms and conditions above, the agreement to those terms and conditions, and the absence of any question or reservation; (2) that I have the authority (as parent/guardian/adult student) to authorize this testing.

Dated: \_\_\_\_\_

Printed Name of Parent/Guardian/Adult Student: \_\_\_\_\_

Signature of Parent/Guardian/Adult Student: \_\_\_\_\_