




Republic of the Philippines
Department of Education
Region II – Cagayan Valley
SCHOOLS DIVISION OF NUEVA VIZCAYA

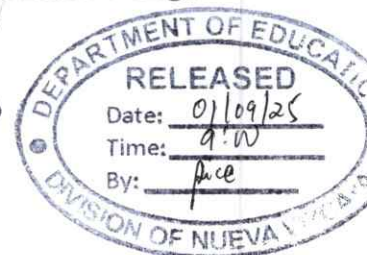
UNNUMBERED MEMORANDUM

TO : Chief of School Governance and Operations Division
Chief of Curriculum Implementation Division
School Health and Nutrition Unit
Youth Formation Division
Public Schools District Supervisors/DICs of Bayombong I, Santa Fe, and Bambang I Districts
School Heads Nueva Vizcaya General and Comprehensive High School, and Santa Fe National High School

FROM : **ORLANDO E. MANUEL PhD, CESO V** 
Schools Division Superintendent

DATE : January 6, 2025

SUBJECT : **PARTICIPANTS TO THE “NAVIGATING WELLNESS: CLUSTERED/REGIONAL SYMPOSIUM ON CHILD AND ADOLESCENT REPRODUCTIVE HEALTH (ARH)”**



1. In connection with DM-OUOPS-2024 entitled: **NAVIGATING WELLNESS: CLUSTERED/REGIONAL SYMPOSIUM ON CHILD AND ADOLESCENT REPRODUCTIVE HEALTH (ARH)**, the Bureau of Learner Support Services – School Health Division (BLSS-SHD) will be hosting a back-to-back activity, a symposium and an orientation on January 20-24, 2025 within Clark, Pampanga. This will equip adolescents with the knowledge and support they need to confidently navigate their reproductive health and wellness choices.
2. Participants to this activity are **Icarus S. Canam**, ARH Focal Person; **Zoila T. Albano**, Project Development Officer I of Bambang I District, and 2 youth leaders namely **Julianna Awie R. Doroteo** from Nueva Vizcaya General Comprehensive High School and **Rzel A. Flores** from Santa Fe National High School.
3. Attached is a copy of Parent’s Consent to be secured for learner’s participation.
4. Accommodation, meals and snacks, fare, per diem, and incidental expenses of participants shall be charged to the downloaded Program Support Fund FY 2024 of the Adolescent Reproductive Health Program.
5. For information, guidance and compliance.

PARENTAL CONSENT AND WAIVER FORM

LEARNER'S PERSONAL INFORMATION:

Name: _____ Age: ____ Birthday: _____
Grade Level: _____ School: _____
Address: _____ Contact No/s: _____
Facebook Account: _____

Contact person in case of emergency:

Relationship: _____ Contact Number: _____

To the Department of Education Schools Division of Nueva Vizcaya,

The undersigned hereby gives permission to:

(name of child)

a Grade _____ student of
(level)

(name of school)

to participate in the five (5) days symposium and an orientation entitled **“NAVIGATING WELLNESS: CLUSTERED/REGIONAL SYMPOSIUM ON CHILD AND ADOLESCENT REPRODUCTIVE HEALTH (ARH)**, on January 20-24, 2025 within Clark, Pampanga.

I hereby authorize an adult from the Department of Education, Schools Division Of Nueva Vizcaya to assist and accompany my child in participating in the said activity. I have considered the benefits that my son/daughter will derive from his/her participation in this activity provided that the due care and precaution will be observed to ensure the comfort and safety of my son/daughter and that DepEd employees and personnel may not be held responsible for any untoward incident that may happen beyond their control.

Signature Over Printed Name
(Learner)

Signature Over Printed Name
(Parent/Guardian)

(Date signed)