



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

April 28, 2026

DIVISION MEMORANDUM
No. 175, s. 2026

**INTEGRATION OF THE ALAGA CONSENT FORM
IN THE LEARNER ENROLLMENT PROCESS**

To: Assistant Schools Division Superintendent
Chief-School Governance Operations Division
Chief-Curriculum Implementation Division
Public Schools District Supervisors / District In-charge
Public Elementary and Secondary School Heads
All Others Concerned

1. In line with the previously issued **Division Memorandum No. 99, s.2026** on the **Implementation and Utilization of the ALAGA Consent Form (Advanced Learner Access to Guided Assessment and Health Services Consent Form)**, and in further strengthening the systematic delivery of school health services, this Office hereby directs the integration of the ALAGA Form into the **official enrollment process** in all public schools in the Schools Division of Nueva Vizcaya.
2. The inclusion of the ALAGA Form during enrollment aims to:
 - a. Ensure early and complete documentation of parental/guardian consent;
 - b. Facilitate timely implementation of school health and nutrition programs at the start of the school year;
 - c. Minimize delays in service delivery due to incomplete consent requirements; and
 - d. Promote efficiency in health data collection, profiling, and program planning.
3. Accordingly, the ALAGA Form shall be:
 - a. Included as part of the **standard enrollment document package** for all learners (new and returning);
 - b. Distributed to parents/guardians during the enrollment period together with other required forms;
 - c. Properly explained by designated school personnel to ensure informed consent; and
 - d. Collected, reviewed, and filed prior to the commencement of any health-related activities.
4. Schools shall ensure that:
 - a. All enrolling learners submit a duly accomplished ALAGA Form;
 - b. Forms are available in **English, Tagalog, and Ilokano**;
 - c. Assistance is provided to parents/guardians who may require



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clarification; and

d. Completed forms are securely managed in compliance with existing **Data Privacy and Records Management policies**.

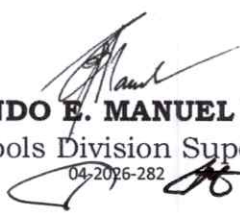
5. For learners who fail to submit the required consent form during enrollment, participation in any health and nutrition-related activity shall be deferred until a duly signed ALAGA Form is secured.

6. Expenses related to reproduction of the ALAGA Form during enrollment may be charged against the school's **Maintenance and Other Operating Expenses (MOOE)**, subject to existing accounting and auditing rules and regulations.

7. All School Heads are directed to ensure strict compliance with this Memorandum and to incorporate this process in their enrollment planning and implementation.

8. For further queries, kindly contact **Ryan Christopher A. Buccat, MD, Medical Officer III at 09275463220**

9. Immediate dissemination of and compliance with this Memorandum is hereby directed.


ORLANDO E. MANUEL PhD, CESO V
Schools Division Superintendent

04-2026-282





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Department of Education
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February 27, 2026

DIVISION MEMORANDUM

No. 99 s. 2026

IMPLEMENTATION AND UTILIZATION OF THE ALAGA CONSENT FORM
(Advanced Learner Access to Guided Assessment and Health Services Consent Form)

To: Assistant Schools Division Superintendent
Chief-School Governance Operations Division
Chief-Curriculum Implementation Division
All Others Concerned

1. Consistent with the Schools Division Office's commitment to safeguard learner welfare and ensure ethical delivery of school health services, there is a need to standardize the process of securing informed parental or guardian consent for all health-related interventions conducted in schools.
2. The adoption of a single, comprehensive consent mechanism will strengthen program coordination, ensure transparency with parents and guardians, and promote compliance with child protection and data privacy standards.
3. This Office hereby adopts the **ALAGA Form (Advanced Learner Access to Guided Assessment and Health Services Consent Form)** as the official and unified parental/guardian consent form to be used in all public schools within the division for health and nutrition programs and other related learner support services.
4. The ALAGA Form shall be required for participation in, but not limited to, the following services:
 - A. School-Based Deworming
 - B. School-Based Immunization
 - C. Learners' Health Assessment and Screening (LHAS)
 - D. Vision and Hearing Screening
 - E. Child Protection Screening (CARS)
 - F. Rapid HEEADSSS Psychosocial Assessment
 - G. PhilHealth YAKAP services
 - H. Medical, dental, nutrition, and mental health programs
 - I. Other school-initiated or partner-supported health interventions
5. **IMPLEMENTING GUIDELINES**
 - A. All schools shall utilize the ALAGA Form prior to conducting any activity requiring parental or guardian consent.
 - B. The **ALAGA Form shall be printed and reproduced by each school** using the official template provided by the Division.



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- C. The consent form shall be made available in **English, Tagalog, and Ilokano** to ensure accessibility and better understanding among parents and guardians.
- D. Distribution of the form shall be done at the beginning of the school year or prior to program implementation.
- E. Participation of learners shall be limited to those with duly signed consent forms.
- F. School Health and Nutrition personnel shall ensure that parents and learners are properly informed of the purpose and scope of services covered.
- G. Completed forms shall be securely filed and managed in accordance with records management and data privacy policies.
- H. Expenses related to printing and reproduction of the ALAGA Form may be charged against the school's Maintenance and Other Operating Expenses (MOOE), subject to existing government accounting and auditing rules and regulations.**

6. ROLES AND RESPONSIBILITIES

A. School Heads

- a) Ensure dissemination, printing, and full compliance with this Memorandum
- b) Ensure proper utilization of MOOE for allowable expenses

B. School Health and Nutrition Personnel

- a) Lead orientation and explanation of the ALAGA Form
- b) Ensure availability of the three language versions
- c) Maintain safekeeping and documentation

C. Teachers and Advisers

- a) Assist in distribution, retrieval, and monitoring of submitted forms

7. For further queries, kindly contact **Ryan Christopher A. Buccat, MD, Medical Officer III at 09275463220**

8. Immediate dissemination and strict compliance with this memorandum is enjoined.



ORLANDO E. MANUEL PhD., CESO V
Schools Division Superintendent
02-2026-145



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ALAGA CONSENT FORM
*(Advanced Learner Access to Guided Assessment and
Health Services Consent Form)*
SCHOOL HEALTH AND NUTRITION PROGRAM ACTIVITIES
SY 2026-2027

District: _____

School: _____

Name of Learner: _____

Grade & Section: _____

Date of Birth: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____

Age and Sex: _____ Birthday: _____ Contact Number: _____

PhilHealth Number: _____

Mother's Name: _____

Age and Sex: _____ Birthday: _____ Contact Number: _____

PhilHealth Number: _____

Guardian's Name: _____

Age and Sex: _____ Birthday: _____ Contact Number: _____

PhilHealth Number: _____

PURPOSE

The School Health and Nutrition Unit implements various health programs to promote the overall well-being, early detection of health concerns, and access to appropriate services for learners.

This form seeks your permission for your child to participate in the following activities.



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CONSENT FOR SPECIFIC ACTIVITIES

Please read the description of each activity carefully and place a ✓ in the box (☐) if you allow your child to participate.

1. SCHOOL-BASED DEWORMING

Description:

Administration of safe and WHO-recommended deworming medicine to eliminate intestinal parasites. This helps improve nutrition, growth, school attendance, and learning performance.

Possible Effects:

Mild abdominal discomfort, nausea, or diarrhea may occur but are temporary. Health personnel will be present for monitoring.

2. SCHOOL-BASED IMMUNIZATION

Description:

Provision of age-appropriate vaccines (e.g., measles-rubella, tetanus-diphtheria, HPV, or other DOH-recommended vaccines) to protect learners from vaccine-preventable diseases.

Possible Effects:

Mild fever, pain, or redness at injection site may occur. Serious reactions are rare, and emergency protocols are in place.

3. LHAS (Learners' Health Assessment and Screening)

Description:

Comprehensive health assessment including height, weight, nutritional status, basic physical examination, and health history to identify learners needing medical or nutritional support.

Benefits:

Early detection of health issues and proper referral to health services.

4. VISION SCREENING

Description:

Assessment of visual acuity to identify refractive errors or other vision problems that may affect learning.

Outcome:

Learners who need further evaluation will receive referral slips.

5. HEARING SCREENING

Description:

Basic hearing assessment to detect possible hearing difficulties that may affect communication and academic performance.





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6. CARS (Child Abuse Recognition and Support) / CHILD PROTECTION SCREENING

Description:

Confidential screening and supportive assessment conducted by trained personnel to identify learners who may need psychosocial support or protection services.

Confidentiality:

All information will be handled with strict confidentiality following child protection policies.

7. RAPID HEEADSSS PSYCHOSOCIAL SCREENING

Description:

A structured, age-appropriate interview assessing:

Home environment, Education, Eating habits, Activities, Drugs, Sexuality, Suicide/mental health, and Safety.

Purpose:

To identify psychosocial concerns and provide guidance or referral if needed. Participation is voluntary and confidential.

8. PHILHEALTH YAKAP SERVICES

Description:

Enrollment facilitation, health profiling, and assistance in accessing health services under the PhilHealth YAKAP program to ensure learners can benefit from available health coverage and services.

Data Use:

Basic information may be collected for health service coordination in accordance with data privacy regulations.

9. OTHER SCHOOL HEALTH ACTIVITIES

Description:

May include medical and dental consultations, oral health services, nutrition programs, mental health activities, laboratory screening (if applicable), and other health initiatives implemented by the school and partner agencies.

You will be informed if additional procedures beyond routine screening are needed.

DATA PRIVACY STATEMENT

All personal and health information collected will be used solely for health assessment, service delivery, and program monitoring. Records will be kept confidential in compliance with the Data Privacy Act.



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CONSENT DECLARATION

I have read and understood the information above. I was given the opportunity to ask questions and voluntarily allow my child to participate in the checked activities.

Parent/Guardian Name:	
Signature:	Date:

FOR SCHOOL HEALTH PERSONNEL USE

Received by: _____

Designation: _____

Date: _____



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ALAGA CONSENT FORM
*(Advanced Learner Access to Guided Assessment and
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SCHOOL HEALTH AND NUTRITION PROGRAM ACTIVITIES
SY 2026-2027

Distrito: _____

Pangalan ng Paaralan: _____

Pangalan ng Mag-aaral: _____

Baitang at Seksyon: _____

Petsa ng Kapanganakan: _____

IMPORMASYON NG MAGULANG/TAGAPAG-ALAGA

Pangalan ng Ama: _____

Edad at Kasarian: _____ Petsa ng Kapanganakan: _____

Numero ng Telepono: _____

PhilHealth Number: _____

Pangalan ng Ina: _____

Edad at Kasarian: _____ Petsa ng Kapanganakan: _____

Numero ng Telepono: _____

PhilHealth Number: _____

Pangalan ng Tagapag-alaga: _____

Edad at Kasarian: _____ Petsa ng Kapanganakan: _____

Numero ng Telepono: _____

PhilHealth Number: _____





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LAYUNIN

Ang School Health and Nutrition Unit ng Department of Education ay nagpapatupad ng iba't ibang programang pangkalusugan upang mapanatili ang mabuting kalusugan, maagang matukoy ang mga problemang medikal, at mabigyan ng tamang serbisyo ang mga mag-aaral.

Ang form na ito ay humihingi ng pahintulot upang makilahok ang inyong anak sa mga sumusunod na aktibidad.

PAHINTULOT PARA SA MGA PARTIKULAR NA PROGRAMA

Mangyaring **basahin nang mabuti** ang bawat paglalarawan at lagyan ng **✓ ang kahon (☐)** kung kayo ay pumapayag.

1. SCHOOL-BASED DEWORMING

Paglalarawan:

Pagbibigay ng ligtas at rekomendadong gamot laban sa bulate upang maalis ang parasitiko sa bituka. Nakakatulong ito sa mas maayos na nutrisyon, paglaki, at pagkatuto ng bata.

Maaaring Maramdaman:

Banayad na panakit ng tiyan, pagsusuka, o pagtatae na pansamantala lamang. May health personnel na magbabantay.

2. SCHOOL-BASED IMMUNIZATION

Paglalarawan:

Pagbibigay ng naaangkop na bakuna ayon sa edad (hal. measles-rubella, tetanus-diphtheria, HPV, o iba pang bakunang inirekomenda ng DOH) upang maiwasan ang mga sakit na maaaring mapigilan ng bakuna.

Maaaring Maramdaman:

Bahagyang lagnat, panakit, o pamumula sa lugar ng iniksyon. Bihira ang malubhang reaksyon at may nakahandang protocol.

3. LHAS (Learners' Health Assessment and Screening)

Paglalarawan:

Komprehensibong pagsusuri kabilang ang taas, timbang, nutrisyonal na estado, simpleng pisikal na eksaminasyon, at health history upang matukoy ang mga nangangailangan ng karagdagang serbisyong medikal o nutrisyonal.

Benepisyo:

Maagang pagtukoy ng kondisyon at agarang referral kung kinakailangan.

4. VISION SCREENING

Paglalarawan:

Pagsusuri ng paningin upang matukoy kung may problema sa mata na maaaring makaapekto sa pag-aaral.



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Kinalabasan:

Magkakaroon ng referral kung kinakailangan ng mas masusing pagsusuri.

5. HEARING SCREENING

Paglalarawan:

Pagsusuri ng pandinig upang matukoy kung may kahinaan sa pandinig na maaaring makaapekto sa komunikasyon at pagkatuto.

6. CARS (Child Abuse Recognition and Support) / CHILD PROTECTION SCREENING

Paglalarawan:

Kumpidensyal na pagsusuri upang matukoy ang mga mag-aaral na maaaring nangangailangan ng psychosocial na suporta o proteksyon.

Kumpidensyalidad:

Mahigpit na iingatan ang lahat ng impormasyon alinsunod sa child protection policies.

7. RAPID HEADSSS PSYCHOSOCIAL SCREENING

Paglalarawan:

Isang structured na panayam tungkol sa:

Tahanan, Edukasyon, Pagkain, Aktibidad, Droga, Sekswalidad, Kalusugang pangkaisipan, at Kaligtasan.

Layunin:

Matukoy ang mga alalahaning psychosocial at makapagbigay ng gabay o referral kung kinakailangan. Boluntaryo at kumpidensyal ang paglahok.

8. PHILHEALTH YAKAP SERVICES

Paglalarawan:

Pagtulong sa enrollment, health profiling, at pag-access ng serbisyong pangkalusugan sa ilalim ng PhilHealth YAKAP upang matiyak na ang mag-aaral ay makikinabang sa mga serbisyong medikal na saklaw ng programa.

Paggamit ng Datos:

Ang pangunahing impormasyon ay kokolektahin lamang para sa koordinasyon ng serbisyong pangkalusugan alinsunod sa Data Privacy Act.

9. IBA PANG AKTIBIDAD PANGKALUSUGAN

Paglalarawan:

Maaaring kabilang ang konsultasyong medikal at dental, oral health services, feeding program, mental health activities, laboratory screening (kung naaangkop), at iba pang programang pangkalusugan ng paaralan at mga katuwang na ahensya.

Ipapaalam sa inyo kung may karagdagang pamamaraan na kinakailangan.



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PAHAYAG SA DATA PRIVACY

Ang lahat ng personal at impormasyong pangkalusugan ay gagamitin lamang para sa pagsusuri, pagbibigay serbisyo, at monitoring ng programa. Ito ay pananatiliing kumpidensyal alinsunod sa Data Privacy Act.

PAHAYAG NG PAHINTULOT

Nabasa at naunawaan ko ang mga impormasyong nakasaad sa itaas. Ako ay kusang nagbibigay ng pahintulot na makilahok ang aking anak sa mga aktibidad na aking nilagyan ng tsek.

Pangalan ng Magulang/Tagapag-alaga:

Lagda:

Petsa:

PARA SA SCHOOL HEALTH PERSONNEL

Tinanggap ni: _____

Tungkulin: _____

Petsa: _____



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SCHOOL HEALTH AND NUTRITION PROGRAM ACTIVITIES
SY 2026-2027

Distrito: _____

Nagan ti Eskuela: _____

Nagan ti Estudyante: _____

Grade ken Seksyon: _____

Petsa ti Panagyanak: _____

IMPORMASYON NG MAGULANG/TAGAPAG-ALAGA

Nagan ti Tatang: _____

Edad at Kasarian: _____ Petsa ti Panagyanak: _____

Numero ti Telepono: _____

PhilHealth Number: _____

Nagan ti Inang: _____

Edad at Kasarian: _____ Petsa ti Panagyanak: _____

Numero ti Telepono: _____

PhilHealth Number: _____

Nagan ti Tagaaywan: _____

Edad at Kasarian: _____ Petsa ng Kapanganakan: _____

Numero ti Telepono: _____

PhilHealth Number: _____

PANGGEP

Ti School Health and Nutrition Unit ti Department of Education ket mangipatungpal kadagiti nadumaduma a programang pangsalun-at tapno mapapigsa ti salun-at, maamuan a nasapa dagiti parikut, ken maited ti umno a serbisio kadagiti estudyante.



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Daytoy a pormulario ket agkiddaw ti pammalubos tapno makipaset ti anakyo kadagiti sumaganad nga aktibidad.

PAHINTULOT PARA KADAGITI ESPESIPIKO NGA AKTIBIDAD

Pakibasa ti tunggal pannakailawlawag ket ikkan ti **ti kahon** () no pumayag kayo.

1. SCHOOL-BASED DEWORMING

Pannakailawlawag:

Panangited ti natalged ken inrekomenda a gamot kontra bulate tapno maikkat dagiti parasito iti tian. Makatulong daytoy iti nasaysayaat a nutrisyon, panagdakkel, ken panagadal.

Posible nga marikna:

Bassit a sakit ti tian, panagsuka wenno panag-diarrhea a panawen laeng. Adda health personnel a mangmonitor.

2. SCHOOL-BASED IMMUNIZATION

Pannakailawlawag:

Panangited dagiti bakuna a maiyannatup iti edad (kasla measles-rubella, tetanus-diphtheria, HPV, wenno dadduma pay a bakuna a rekomendado ti DOH) tapno maliklikan dagiti sakit.

Posible nga marikna:

Bassit a lagnat, sakit wenno pamula iti lugar ti ineksyon. Manmano ti seryoso a reaksyon ken adda nakaprepara a protocol.

3. LHAS (Learners' Health Assessment and Screening)

Pannakailawlawag:

Komprehensibo a panagsukisok kas iti kaatiddog, timbang, nutrisyonal a kasasaad, simpleng pisikal a eksaminasyon ken health history tapno maamuan dagiti masapul ti tulong medikal wenno nutrisyon.

Pagimbagan:

Nasapa a pannakaammo kadagiti kondisyon ken pannaka-referral no kasapulan.

4. VISION SCREENING

Pannakailawlawag:

Panagsukisok ti panagkita tapno matukod no adda problema iti mata a makaapekto iti panagadal.

Resulta:

Maipaay ti referral no kasapulan ti ad-adu pay a eksaminasyon.

5. HEARING SCREENING

Pannakailawlawag:

Panagsukisok ti panagdenggeg tapno matukod dagiti problema iti denggeg a makaapekto iti komunikasyon ken panagadal.



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6. CARS (Child Abuse Recognition and Support) / CHILD PROTECTION SCREENING

Pannakailawlawag:

Kumpidensyal a panagsukisok tapno matukod dagiti estudyante a mabalin a masapul ti psychosocial a tulong wenno proteksyon.

Kumpidensyalidad:

Amin nga impormasyon ket masalakniban ken masurot dagiti child protection policies.

7. RAPID HEADSSS PSYCHOSOCIAL SCREENING

Pannakailawlawag:

Structured a panag-interview maipanggep iti:

Balay, Eskwela, Kanen, Aktibidad, Droga, Sekswalidad, Mental a salun-at, ken Talged.

Panggep:

Tapno matukod dagiti psychosocial a parikut ken makaited ti panangidalan wenno referral no kasapulan. Boluntaryo ken kumpidensyal.

8. PHILHEALTH YAKAP SERVICES

Pannakailawlawag:

Tulong iti enrollment, health profiling, ken panag-akses iti serbisyong pangsalun-at babaen iti PhilHealth YAKAP tapno masigurado a maawat dagiti benepisyo ti programa.

Panagusar ti Datos:

Ti batayang impormasyon ket maus-usar laeng para iti koordinasyon ti serbisio kas mayannatup iti Data Privacy Act.

9. SABALI PAY NGA AKTIBIDAD PANGSALUN-AT

Pannakailawlawag:

Mabalin a pakairamanan ti medical ken dental consultation, oral health services, feeding program, mental health activities, laboratory screening (no maiyannatup), ken dadduma pay a programang pangsalun-at ti eskwela ken kadua nga ahensya.

Maipakaammo kadakayo no adda sabali pay a proseso a kasapulan.

PAHAYAG TI DATA PRIVACY

Amin a personal ken impormasyong pangsalun-at ket para laeng iti assessment, panagserbi, ken monitoring ti programa ken masalakniban a kumpidensyal kas mayannatup iti Data Privacy Act.

PAHAYAG TI PAHINTULOT

Nabasa ken naawatan ko dagiti impormasyong nakasurat iti ngato. Siak ket boluntaryo a mangited ti pammalubos tapno makipaset ti anakko kadagiti aktibidad a na-check-an.



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Nagan ti Nagannák/Tagaaaywan:

Pirma:

Petsa:

PARA ITI SCHOOL HEALTH PERSONNEL

Inawat ni: _____

Posisyon: _____

Petsa: _____

