



Republic of the Philippines
Department of Education
Region II – Cagayan Valley
Schools Division of Nueva Vizcaya

October 20, 2026

DIVISION MEMORANDUM

No. 415 s. 2026

**CONDUCT OF CLASSROOM-TO-CLASSROOM DISTRIBUTION AND
ORIENTATION ON PHILHEALTH YAKAP PARENT AND
DEPENDENT INFORMATION FORMS**

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

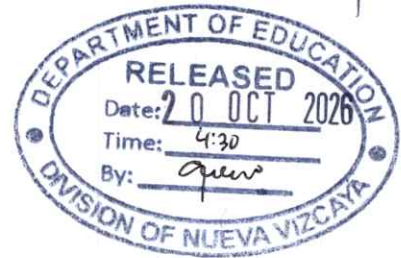
1. In line with the continuing implementation and expansion of the PhilHealth YAKAP Program of the DepEd SDO Nueva Vizcaya School Health Clinic, the School Health and Nutrition Unit (SHNU) shall conduct a **classroom-to-classroom distribution of PhilHealth YAKAP Parent and Dependent Information Forms to learners in public elementary and secondary schools** throughout the Division.
2. The SHNU Team shall visit individual learner classrooms and shall be allotted **five (5) minutes per classroom** to briefly explain the benefits of PhilHealth YAKAP, guide learners on how to discuss the program with their parents or guardian, and provide instructions regarding the required documents and proper accomplishment of the forms.
3. During the short orientation, learners shall be instructed to inform their parents or guardians to prepare the following:
 - a. Duly accomplished PhilHealth YAKAP Parent and Dependent Information Form, including the PhilHealth number, if available;
 - b. Photocopy of the parent's or guardian's valid ID with three (3) specimen signatures;
 - c. Photocopy of the learner's valid ID or birth certificate if no school ID is available; and
 - d. Complete and accurate personal information and required signatures of the parent or guardian and dependents.
4. **Accomplished forms** and supporting documents shall be **submitted to the designated School Health Clinic or authorized SHNU personnel within three (3) to five (5) days upon receipt**, for appropriate processing and assistance with YAKAP registration.
5. All School Heads and concerned teachers are requested to allow the SHNU Team to enter learner classrooms for the five-minute orientation and distribution of forms. The activity shall be coordinated with the respective schools and conducted with minimal disruption to regular classroom instruction.



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6. Participation shall be voluntary and subject to parental or guardian consent. All collected personal information shall be handled with utmost confidentiality and in accordance with applicable data privacy regulations.
7. All concerned school heads are enjoined to provide full support and cooperation in the implementation of this directive to ensure accessible, timely, and equitable health services for all learners.
8. For further queries, kindly contact **Ryan Christopher A. Buccat, MD, Medical Officer III at 09275463220**
9. For information, guidance and strict compliance

ORLANDO E. MANUEL PhD., CESO V
Schools Division Superintendent





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DEPED SDO NUEVA VIZCAYA SCHOOL HEALTH CLINIC
Mga Benepisyong ng YAKAP para sa mga Magulang at Mag-aaral

- ✓ **Pangunahing konsultasyong pangkalusugan**
Magpakonsulta sa DepED SDO Nueva Vizcaya School Health ClinicS o tagapagbigay ng serbisyong YAKAP para sa karaniwang suliranin sa kalusugan.
- ✓ **Mga serbisyong pang-iwas sa sakit** Maaaring sumailalim sa piling pagsusuri sa laboratoryo, ayon sa saklaw at mga tuntunin ng programa.

- ✓ **Tulong sa pagpaparehistro ng mga kwalipikadong dependent** Magtanong kung paano iparehistro ang mga kwalipikadong miyembro ng pamilya.
- ✓ **Alamin ang mga benepisyong saklaw** Maaaring makakuha ng piling mga gamot, ayon sa reseta, pagkakaroon ng suplay, at mga tuntunin ng programa.

PAANO MAGSIMULA

1. Kumpletuhin ang form ng impormasyon ng magulang/guardian at dependent sa ibaba.
2. I-scan ang QR code para sa karagdagang impormasyon.
3. Makipag-ugnayan sa School Health Clinic kung kailangan ng tulong o paglilinaw.
4. Gupitin ang form sa ibaba at isumite ito sa Clinic.



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DEPED SDO NUEVA VIZCAYA SCHOOL HEALTH CLINIC
PHILHEALTH YAKAP — PARENT & DEPENDENT INFORMATION FORM
Please write clearly and provide complete, accurate information.



PhilHealth Number	_____	Contact Number	_____
Parent/Guardian Name	_____		
	Last Name	First Name	Middle Name
Date of Birth	_____	Email Address	_____
Complete Address	_____		

Signature over Printed Name

DEPENDENT / CHILDREN'S INFORMATION

Full Name (Last, First, Middle)	Relationship	Date of Birth mm/dd/yyyy	Dependent Signature

MAHALAGANG PAALALA

Maglakip ng photocopy "xerox copy" ng valid ID ng magulang/guardian na may **tatlong** sample ng **pirma**. Para sa bawat dependent, maglakip ng photocopy "xerox copy" ng kanyang valid ID o birth certificate kung wala siyang school ID. Pakisagutan nang kumpleto at malinaw ang lahat ng kinakailangang impormasyon. Isumite ang bahaging ito ng form sa School Health Clinic sa loob ng 3-5 araw mula nang matanggap ito. Kung hindi naaangkop ang isang bahagi, isulat ang "N/A."