



Republic of the Philippines  
**Department of Education**  
REGION VII - CENTRAL VISAYAS  
DIVISION OF CITY SCHOOLS - TAGBILARAN CITY

**Office of the Schools Division  
Superintendent**

November 13, 2024

DIVISION MEMORANDUM  
No. 789, s. 2024

**HIV AWARENESS SEMINAR AND TESTING**

To: ASDS  
Chief, CID and SGOD  
Education Program Supervisors  
All Public Secondary School Heads  
All Others Concerned

- Attached is a letter from Tagbilaran City Primary Care Facility inviting selected senior high school students to attend the **HIV Awareness Seminar and Testing** on **November 20, 2024** from **8:00AM- 5:00PM** at **JJ's Seafood Village, Poblacion II, Tagbilaran City**.

<b>Participants</b>	<b>Number of Participants</b>
DCPNHS SHS	1 Non-teaching personnel 6 senior high school learners
Mansasa NHS	1 Non-teaching personnel 6 senior high school learners
Tagbilaran City Science HS	1 Non-teaching personnel 5 senior high school learners
San Isidro NHS	1 Non-teaching personnel 5 senior high school learners
Cogon NHS	1 Non-teaching personnel 6 senior high school learners
Manga NHS	1 Non-teaching personnel 6 senior high school learners



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2. All learner- participants must present a signed Parent/Guardian Consent upon arrival at the venue. Kindly use the attached Parental Consent and Waiver Form.
3. Transportation relative to participation shall be charged to School Maintenance and Other Operating Expenses (MOOE), PTA funds, and/or other available school fund sources, subject to the usual accounting and auditing rules and regulations.
4. For information and widest dissemination.

For the SDS:

**WILFREDA D. BONGALOS PhD, CESO V**  
Schools Division Superintendent 

  
**JOHN ARIEL A. LAGURA PhD**  
Assistant Schools Division Superintendent

WDB/JAL/SGOD/MCC/accd



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Telephone Nos.: (038)427-1702; (038)427-2506; (038)422-8177  
(038)427-6718; (038)544-2147  
Email Address: tagbilarancity.division@deped.gov.ph

**PARENTAL CONSENT AND WAIVER FORM**

I, \_\_\_\_\_, as the parent or legal guardian of

Name of Parent/Guardian

\_\_\_\_\_, hereby acknowledge that I have been

Name of Learner

informed of the details of the conduct of the ***Hiv Awareness Seminar and Testing*** that will be held on **November 20, 2024** at **JJ's Seafood Village, Poblacion II, Tagbilaran City.**

I confirm that I give full permission in any recording or picture taken of my child during the conduct of the training and to use some or all my child's images/ contribution/ performance in any official platforms of the Department of Education.

I hereby confirm that I agree and understand the commitment of my child as a participant. I also understand and will support my child's endeavor to meet the expectations, guidelines, and responsibilities to his/her fellow participants.

To the extent allowed by law and rules, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights against the school/division/office/and its personnel as well as officials and personnel of the Department of Education relative to the conduct of the activity.

With full understanding, I – on behalf of myself, my household members, and my child/ren – hereby freely and voluntarily give my consent to my child's participation in the activity on November 20, 2024.

I also attest that I had sought the views of my child and he/she has expressed a willingness to participate in the activity.

**CONTACT DETAILS FOR QUESTIONS OR PROBLEMS**

For any concerns or clarification, you may contact **Mrs. Adeline Carmen C. Dagamac, RN**, the Division Adolescent Reproductive Health Coordinator, on this cellphone number: **0919-0988065**.

_____ Signature of Parent/Guardian over Printed Name	_____ Contact Details (Mobile Number)
_____ Name of Child/ren	_____ Date