



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

**Office of the Schools Division  
Superintendent**  
DIVISION MEMORANDUM  
SGOD-2025- 042

TO : **LEGARDO R. PALACA JR., EdD**  
Principal, Dr. Cecilio Putong National High School- SHS

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

For the SDS:

  
**JANET T. BUTALID PhD**  
OIC-CID Chief 

Subject : **HIV/AIDS SYMPOSIUM**

DATE : **February 10, 2025**

1. Attached is a letter from University of Bohol College of Nursing- Nightingale's Resolutes Steward, inviting selected **Grade 12 Senior High School students** of **Dr. Cecilio Putong National High School- SHS** to attend the **HIV/AIDS Symposium** on **February 26, 2025** from **1:00 PM to 5:00 PM** at **Tagbilaran City Hall Atrium, Tagbilaran City**.

2. This activity aims to educate and raise awareness among the youth about HIV/AIDS prevention, transmission and treatment. Free HIV testing will be available for those who are interested, as per "*Philippine AIDS Prevention and Control Act of 1998*", minors aged 15 to 17 years old can now be tested for Human Immunodeficiency Virus (HIV) without parental/guidance consent.

3. The participants of the symposium are the **150 selected SHS learners** and **5 teachers** and will be fetched from the DCPNHS-SHS school grounds at exactly 12:30 P.M.

4. All learner- participants must present a signed Parent/Guardian Consent upon arrival at the venue. Kindly use the attached Parental Consent and Waiver Form.

6. For information and widest dissemination.



Address: H. Zamora St., Dampas, Tagbilaran City, Bohol  
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/ AIDS Symposium** that will be held on **February 26, 2025** at **Tagbilaran City Hall Atrium ,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 February 26, 2025.

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**.

|  |  |
|--|--|
| _____<br>Signature of Parent/Guardian over<br>Printed Name | _____<br>Contact Details (Mobile Number) |
| _____<br>Name of Child/ren                                 | _____<br>Date                            |



**SUPREME STUDENT GOVERNMENT  
COLLEGE OF NURSING**

Supreme Student Government Office, 3rd Floor Diamond Building  
University of Bohol Maria Clara Street, 6300 Tagbilaran City, Bohol  
Philippines.

January 28, 2025

**WILFREDA D. BONGALOS, PHD, CESO V**

Schools Division Superintendent  
Department of Education  
Division of City Schools - Tagbilaran City

Thru:

**LEV V. NADELA, MD**  
Medical Officer III  
School Health Section

Dear Madame Bongalos,

Greetings of health and service!

The **University of Bohol College of Nursing – Nightingale’s Resolutes Steward** humbly seeks the approval of your good office to conduct an **HIV/AIDS Symposium** for the **Grade 12 Senior High** students of Dr. Cecilio Putong National High School. The symposium is scheduled for **February 26, 2025 at 1pm**, and will be held at the **Saulog Conference Hall**, Tagbilaran City in collaboration of **We Care Bohol**. Due to a significant number of enrolled students and limited capacity of the venue, we have decided to select **150 students and 5 faculty members** from DCPNHS to ensure a manageable and efficient event.

This activity aims to educate and raise awareness among the youth about HIV/AIDS prevention, transmission, and treatment. In light of the rising cases of HIV in Bohol, particularly in Tagbilaran City, this activity is timely and critical for equipping students with accurate knowledge to safeguard their health and well-being.

We also respectfully seek permission to conduct voluntary HIV testing during the event, emphasizing that participation in the testing will not be compulsory but purely voluntary. We will also ensure that parental consent is obtained from the participants prior to the activity. Moreover, the initiative aims to provide students with an opportunity to know their status confidentially and responsibly, which could lead to early interventions if necessary.

As part of our commitment to the success of this endeavor, we will shoulder the transportation costs for all participating students.

We firmly believe that this activity will contribute significantly to the health education and safety of the students under your care. We are hopeful for your favorable response and support in this mission of fostering awareness and addressing this critical public health concern.

Should you require additional details, we are more than willing to discuss and provide further information. Please feel free to contact us at 09271505541.

Thank you for your attention to this matter. We look forward to your favorable approval.

TAGBILARAN CITY DIVISION  
RECEIVED  
Received  
Date: JAN 28 2025  
Time: 3:27 PM

DEPARTMENT OF EDUCATION  
TAGBILARAN CITY SCHOOLS DIVISION  
SOS OFFICE  
**RECEIVED**

BY: \_\_\_\_\_ TIME: \_\_\_\_\_  
DATE 02/04/25 CTR: 2-31  
received send: ca  
02/04/25 @ 2:40 pm



**SUPREME STUDENT GOVERNMENT  
COLLEGE OF NURSING**

Supreme Student Government Office, 3rd Floor Diamond Building  
University of Bohol Maria Clara Street, 6300 Tagbilaran City, Bohol  
Philippines.

Respectfully yours,

*[Signature]*  
**GLORY MARIZ ROSLINDA**  
CSO-Chairman  
Nightingale's Resolutes Steward

*[Signature]*  
**XENITA VERA P. ORACION, RN, MAN**  
CSO Adviser  
Nightingale's Resolutes Steward

*[Signature]*  
**JASMIN C. LABURADA, RN, MAN**  
CESO Coordinator  
UB-College of Nursing

Recommending Approval,

*[Signature]*  
**ENGR. MYRNA B. BERALDEZ, RN, RM, MAN**  
DEAN, College of Nursing  
University of Bohol

Approved by:

**LEV V. NADELA, MD**  
Medical Officer III  
School Health Section

**WILFREDA D. BONGALOS, PHD, CESO V**  
Schools Division Superintendent  
Department of Education  
Division of City Schools - Tagbilaran City