



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

**Office of the Schools Division
 Superintendent**

August 20, 2025

DIVISION MEMORANDUM
 No. 562 s. 2025

SEMINAR ON UNDERSTANDING, HEALING HEARTS & SAVING LIVES

To: Assistant Schools Division Superintendent
 Chiefs, CID and SGOD
 Public Elementary and Secondary School heads
 Division Health Personnel
 All Others Concerned

- In line with the Department of Education's efforts to promote mental health and psychosocial support in schools, this Office through the School Governance and Operation Division- School Health and Nutrition Unit hereby announces the conduct of a capacity-building activity titled "**Seminar on Understanding, Healing Hearts & Saving Lives**" on **September 12, 2025**, 8:00 A.M. to 5:00 P.M within Tagbilaran City, the exact venue is to be announced.
- This workshop aims to empower student leaders and peer facilitators with essential skills in teamwork, emotional intelligence, and conflict resolution, enabling them to promote a positive and supportive environment.
- The participant of this activity are the following.

Participant	Number of Participant/s per School
Non-teaching Personnel	1
Registered Guidance Counselor (Secondary)	1
SELG Officer (Elementary)	1
Peer Facilitator Club Officer (Secondary)	1
SSLG Officer preferably non-graduating (Secondary)	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.
- Expenses relative to the conduct of the said activities shall be charged against the program support funds for the SMHP subject to the usual accounting rules and regulations.
- Immediate dissemination and compliance of this Memorandum is desired.

For the SDS:

WILFREDA D. BONGALOS PhD, CESO V
 Schools Division Superintendent

FILOMENA C. TANGGAAN
 SEPS, HRDS



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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 **Seminar on Understanding, Healing Hearts and Saving Lives** that will be held on **September 12, 2025** at **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 **September 12, 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 **Rowena L. Pizarra, RN**, the Division Mental Health Coordinator, on this cellphone number: **0919-3366723**.

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