



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

**Office of the Schools Division
Superintendent**

January 7, 2026

DIVISION MEMORANDUM
SGOD-2026- 009

TO: JENELOU JOHN F. ISRAEL – Principal, Manga National High School
LEGARDO R. PALACA JR., EdD- Principal, Dr. Cecilio Putong National High School- SHS

ATTN: DEAN IAN THOMAS DY – Learner, Manga NHS
JULLIAN MARY B. MISSION - Learner, Manga NHS
KYLE G. CADAYDAY - Learner, DCPNHS-SHS

CONDUCT OF A “HEART TO HEART TALK” AND RAPID HEEADSSS

1. The following Commission on Population and Development (CPD) Region 7 trained learners are hereby directed to serve as facilitators on the conduct of Heart to Heart Talk and Rapid HEEADSSS.
2. Learners shall be excused from class and all academic responsibilities during this period. If necessary, arrangements can be made for any missed coursework upon their return.
3. A duly signed Parent/Guardian Consent shall be submitted to the Division ARH Focal Person, Ms. Adeline Carmen C. Dagamac on or before January 15, 2026. Kindly use the attached Parental Consent and Waiver Form.
4. For more details, kindly read the attached Division Memorandum 894 s. 2025.
5. For your guidance and compliance.

WILFREDA D. BONGALOS PhD, CESO V
Schools Division Superintendent

WDB/JAL/SGOD/MCC/aced



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(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 _____, hereby acknowledges that I have been informed of the details of the conduct of the activity titled **Heart to Heart Talk and Rapid HEEADSSS** every Tuesday and Friday beginning on the first month of 2026 and continuing throughout the year, to be conducted in the school campus.

I give Full Consent for our child _____ to serve as facilitator in the activity titled **Heart to Heart Talk and Rapid HEEADSSS**.

1. I acknowledge that I have been informed of the details of the conduct of the activity titled **Heart to Heart Talk and Rapid HEEADSSS** through the division memorandum and letter from the Office of the Mayor attached.
2. I recognize that in-person attendance at the event involves potential exposure to teachers, students, school personnel, organizers, and other individuals, which may present a risk of transmission of communicable diseases, including, but not limited to, the common cold, influenza (flu), COVID-19, and other viral or bacterial infections, despite implemented safety precautions.
3. I understand and accept the inherent risks of communicable disease transmission, including the aforementioned diseases, for my child and household members associated with their participation. I grant permission for

Child's Name

to attend the event, recognizing that these risks are similar to those encountered in everyday activities and are beyond the direct control of event organizers and management.

4. I confirm that my child's participation in this activity is completely voluntary, and he/she may decline to participate at any time for any reason.
To the best of my knowledge,

Child's Name

is in good physical health and currently exhibits no symptoms of any communicable disease, including fever, cough, runny nose, sore throat, or other signs of illness.

I will not permit _____

Child's Name

to attend the event if they or any member of our household develops symptoms of a communicable disease, including, but not limited to, those associated with the common cold, influenza (flu), or COVID-19, or any other illness. I will immediately notify the school/division and withhold their attendance if they or any household member tests positive for a communicable disease.

5. I give full permission in any recording or picture taken of my child/ward during the conduct of the said activity, and to use for purposes of documentation my child's/ward/s images, contribution, or performance in any publication created by or for the organizers and to release this material to organizer's

official platforms in accordance with the provisions of Republic Act No. 10173 otherwise known as Data Privacy Act of 2012.

6. I conform/agree to the collection and/or processing of any personal information and data from myself and my child/ward, that are necessary to successfully host the said activity, in accordance with the provisions of Republic Act No. 10173 otherwise known as the Data Privacy Act of 2012.
7. I agree and understand that commitment of my child/ward as a participant and will support his/her endeavor to meet the expectations, guidelines, and responsibilities with his/her fellow participants and to DepEd.
8. 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 DepEd relative to the conduct of the activity.
9. With full understanding, I hereby freely and voluntarily give my consent to my child/ward's participation in the activity. I also attest that I had sought the views of my child, and he/she has expressed a willingness to serve as one of the facilitators in the activity.

By signing below, I acknowledge and represent that I have read this document, took time to understand it, and eventually signed it voluntarily as my own free act and deed.

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

** Please submit this form to your Division ARH Focal Person on or before January 15, 2025.*