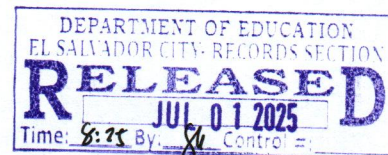




Republic of the Philippines
Department of Education
REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF EL SALVADOR CITY



Office of the Schools Division Superintendent

30 June 2025

DIVISION MEMORANDUM

No. 219 s. 2025

**ORIENTATION ON CHILD AND ADOLESCENT
REPRODUCTIVE HEALTH (ARH) PROGRAM FOR SECONDARY LEARNERS
AND COORDINATORS**

To: **Assistant Schools Division Superintendent**
Chief, Schools Governance and Operations Division
Chief, Curriculum Implementation Division
Schools Governance and Operations Division Personnel
All Secondary Guidance Advocates/ARH Coordinators
All BKD Presidents/Student Peer Facilitators
All Others Concerned
This Division

1. The School Health and Nutrition Unit (SHNU) will be conducting an ***Orientation on Child and Adolescent Reproductive Health (ARH) Program for Secondary Learners and Coordinators*** on July 25, 2025, 8:00AM-5:00PM at Hotel Monicon, El Salvador City, Misamis Oriental. Please see Enclosure A for the parent's consent form.
2. This activity aims to:
 - a. Disseminate right information on universal access to accurate sexual and reproductive health information;
 - b. Reduce misconceptions and stigma of sexual and reproductive health information to avoid any mental health issues;
 - c. Encourage teens to ask or seek help and find a support network or group; and
 - d. Empower youth in the promotion of school education, peer education and other community involvement activities that can strengthen parent-child relationship.
3. This office shall adhere to Equal Opportunity Principle (EOP) in the conduct of this activity. Hence, all decisions and actions shall be based solely on the guidelines set forth, with no discrimination on the account of age, ethnicity, gender, marital status, religion and political affiliation.



Address: Zone 3, Poblacion, El Salvador City
Telephone No: (088) 882-6326
Website: www.depedelsalvadorcity.net
Email Address: elsalvador.city@deped.gov.ph

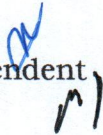
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4. For information.


RANDOLPH B. TORTOLA
Schools Division Superintendent 

To be indicated in the Perpetual index
Under the following subject:
SGOD/VPLT



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ENCLOSURE A.

Parent's Consent Form

Name of Student Leader: _____
Birthday: _____ Sex: _____
Parent's/Guardian's Name: _____
Relationship to Student Leader: _____
Address: _____
Contact Number: _____
Activity: **Orientation on Child and Adolescent Reproductive Health (ARH)
Program for Secondary Learners and Coordinators**
Venue: Hotel Monicon, El Salvador City, Misamis Oriental
Date & Time: July 25, 2025
8:00AM to 5:00PM

As the parent/guardian of the abovementioned learner, I hereby acknowledge that I have been informed of the details of the off-campus activity and voluntarily and freely elect to participate in this off-campus activity. Furthermore, I understand the risks associated with an off-campus activity and agree that the rules and regulations established for the said activity are for the safety and security of the participants, and thus agree to instruct my child or children to obey them.

Having understood all the aforementioned, I hereby consent to allow my child or children to participate, acknowledging all the foregoing. I am also solely responsible for providing travel insurance and any expenses for my child or children's participation in the activity.

Parents/Guardian's Name & Signature

Date

Notes (other information you may wish to inform the teacher, such as child's medical condition, etc.)



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