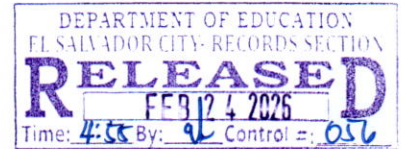




Republic of the Philippines
Department of Education
 REGION X - NORTHERN MINDANAO
 SCHOOLS DIVISION OF EL SALVADOR CITY



February 24, 2026


DIVISION MEMORANDUM

No. 056 s. 2026

CONDUCT OF MEDICAL EXAMINATION FOR THE PARTICIPANTS OF
 2026 REGIONAL SCHOOLS PRESS CONFERENCE (RSPC) AND REGIONAL
 FESTIVAL OF TALENTS (RFOT)

To: Assistant Schools Division Superintendent
 Chief Education Supervisor, SGOD & CID
 School Health and Nutrition Unit
 All Elementary School Heads
 All Secondary School Heads
 All Others Concerned

1. This office, through the School Health and Nutrition Unit (SHNU), informs the field on the **Conduct of Medical Examination for the Participants of Regional Schools Press Conference (RSPC) and Regional Festival of Talents (RFOT)** on February 26, 2026, 8:00AM– 5:00PM at Cogon National High School.
2. Attached to this Memorandum is the template for the Medical Examination and Parent’s Consent Form.
3. This memorandum shall serve as **Official Authority to Travel** for the mentioned division personnel.
4. This Division Memorandum adheres to the Equal Opportunity Principle (EOP). Hence, all actions shall be based on the guidelines set with no discrimination on the account of age, gender, identity, sexual orientation, civil status, disability, religion, ethnicity, or political affiliation.
6. For information and compliance.


RANDOLPH B. TORTOLA
 Schools Division Superintendent

ATCH: DM No. 445, 2.2025
 To be indicated in the Perpetual Index
 under the following subjects:
 MEDICAL EXAMINATION FOR
 RSPC AND RFOT

SGOD/SHNU / *uplt*



Address: Zone 3, Tuburan, Poblacion, El Salvador City
 Telephone Nos.: (088) 882-6326
 Email Address: elsalvador.city@deped.gov.ph
 Website: depedelsalvadorcity.org

Doc. Ref. Code	SDO-OSDS-F001	Rev	00
Effectivity	08.29.25	Page	1 of 3



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

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: **Medical Examination for the Participants of Regional Schools Press Conference (RSPC) and Regional Festival of Talents (RFOT)**

Venue: Cogon National High School, Cogon El Salvador City

Date & Time: February 26, 2026

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.)



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

M E D I C A L C E R T I F I C A T E

_____ (DATE)

To Whom It May Concern:

This is to certify that I have personally examined _____
(Name)

age _____ sex _____ born on _____ and have found that he/she

is physically fit, during the time of examination, to join, compete or attend in the _____.

Event/Activity: _____

Physical Examination:

Height: _____ cm Weight: _____ kg Blood Pressure: _____ mmHg

Pulse, Resting: _____ beats/min Respiratory Rate: _____

c/min Remarks: _____

Remarks:

GLADYS GRACE H. CABELTES, MD

Physician

License No. 77779

Date: _____