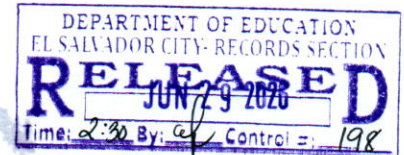




Republic of the Philippines  
**Department of Education**  
REGION X - NORTHERN MINDANAO  
**SCHOOLS DIVISION OF EL SALVADOR CITY**



June 29, 2026

**DIVISION MEMORANDUM**

No. 198 s. 2026

**IMPLEMENTATION OF THE MEDICAL RESPONDERS REQUEST FORM FOR  
OFFICIAL DIVISION AND SCHOOL ACTIVITIES**

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

1. This Office, through the School Health and Nutrition Unit (SHNU), shall adopt the Implementation of the Medical Responders Request Form for Official Division and School Activities. (Enclosure 1. Medical Responder Request Form)
2. All requesting offices shall accomplish the Medical Responders Request Form completely and accurately. The accomplished request form shall be submitted to the School Health and Nutrition Section (SHNS)/Medical Unit at least **three (3) working days** prior to the scheduled activity. Any cancellation, postponement, or modification of the activity shall immediately be communicated to the School Health and Nutrition Section.
3. This activity aims to ensure the availability of timely and appropriate medical assistance during official activities, all requesting offices, units, schools, and program implementers are hereby directed to utilize the **Medical Responders Request Form** for any activity requiring the services of designated medical responders.
4. This activity shall adhere to the Equal Opportunity Principle (EOP) in observing all policies and protocols of the said activity. Hence, all actions shall be based solely on guidelines set with no discrimination on the account of age, gender identity, sexual orientation, civil status, disability, religion, ethnicity or political affiliation.
4. For dissemination, guidance and compliance.

**RANDOLPH B. TORTOLA**  
Schools Division Superintendent

To be indicated in the Perpetual Index  
under the following subjects:  
SHNU  
MEDICAL RESPONDER REQUEST FORM  
SGOD/SHNU /vplt



Address: Zone 3, Tuburan, Poblacion, El Salvador City  
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Republic of the Philippines  
**Department of Education**  
REGION X- NORTHERN MINDANAO  
SCHOOLS DIVISION OF EL SALVADOR CITY

Enclosure 1.

**REQUEST FORM FOR MEDICAL RESPONDER**

Date of Request: \_\_\_\_\_

Requesting Unit/Office/School: \_\_\_\_\_

Name of Program/Activity: \_\_\_\_\_

Venue: \_\_\_\_\_

Date & Time of Program/Activity: \_\_\_\_\_

Number of Expected Participants: \_\_\_\_\_

Type of Medical Support Needed (check all that apply):

☐ On-site Medical Responder

☐ First Aid Support

☐ Others (please specify): \_\_\_\_\_

Brief Description of Activity: \_\_\_\_\_

Name of the Coordinator: \_\_\_\_\_

Position/Designation: \_\_\_\_\_

Approved by:

\_\_\_\_\_

*(Please include the name(s) of the medical responder in the memo for the activity to be conducted.)*

*(Kindly prepare two (2) copies: one for the Medical Section and one for the Program Proponent.)*



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