



Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
Schools Division of Bohol

**Office of the Schools Division  
Superintendent**

OFFICE MEMORANDUM  
SGOD-2025- 09

**TO: JONAS GABUTAN** – Principal, Lila NHS  
**PROMELO G. ASENJO** – Principal, Garcia Hernandez NHS

**FROM: *FCL* **FAY C. LUAREZ EdD, PhD, TM, CESO VI****  
OIC-Office of the Schools Division Superintendent

**SUBJECT: NAVIGATING WELLNESS: REGIONAL SYMPOSIUM ON CHILD AND  
ADOLESCENT REPRODUCTIVE HEALTH (ARH) and ORIENTATION  
ON PEER HEALTH NAVIGATION**

**DATE: January 28, 2025**

1. This is relative to the Regional Memorandum No: 77 s. 2025 dated January 22, 2025 titled “**NAVIGATING WELLNESS: REGIONAL SYMPOSIUM ON CHILD AND ADOLESCENT REPRODUCTIVE HEALTH (ARH) and ORIENTATION ON PEER HEALTH NAVIGATION**” wherein selected Youth Leaders from each Schools Division Office (SDO) are expected to attend the activity on February 3-7, 2025 at Waterworld Hotel at Mandaue City, Cebu.
2. Please be informed that your student leaders, **Juhara L. Andig** and **Desiree M. Amot** have been identified as the selected Youth Leaders from this SDO to attend the said activity.
3. Kindly find attached RM No. 0077 s. 2025 for further details.
4. Travelling and incidental expenses incurred by the participants shall be charged to the ARH Program Support Funds subject to the usual accounting and auditing rules and regulations.
5. For your information, guidance and compliance.

SDS/ASDS/SGOD/WOF/abd



DepEd Tayo Bohol Division



Address: 50 Lino Chatto Drive, Cogon District, Tagbilaran City,  
Bohol. Telephone Number: (038) 412-2544.

Email address: [deped.bohol@depedbohol.gov.ph](mailto:deped.bohol@depedbohol.gov.ph)



Republic of the Philippines  
**Department of Education**  
REGION VII - CENTRAL VISAYAS

Office of the Regional Director

22 JAN 2025

**REGIONAL MEMORANDUM**

No. **0077**s. 2025

**NAVIGATING WELLNESS: REGIONAL SYMPOSIUM ON CHILD AND ADOLESCENT REPRODUCTIVE HEALTH (ARH) and ORIENTATION ON PEER HEALTH NAVIGATION**

To: Schools Division Superintendents  
Assistant Schools Division Superintendents  
All Others Concerned

1. This Office through the Education Support Services Division (ESSD) announces the conduct of the **Navigating Wellness: Regional Symposium on Child and Adolescent Reproductive Health (ARH) and Orientation on Peer Health Navigation**. The activity shall be on February 3-7, 2025 at Waterworld Hotel at Mandaue City.

2. The event is a back-to-back activity, a symposium and an orientation on peer health navigation that will equip adolescents the knowledge and support they need to confidently navigate their reproductive health and wellness choices. By focusing on education, peer navigation and community engagement, this event seeks to create a supportive environment that fosters informed decision-making, referral and enhanced access to health services. The symposium's comprehensive approach shall contribute to the overall well-being of adolescents preparing them for a healthier future.

3. Relatively, the activity specifically aims to:

- ✓ **EDUCATE ADOLESCENTS:** Provide comprehensive education on reproductive health topics including puberty, STI prevention, mental health and healthy relationships
- ✓ **EMPOWER PEER SUPPORT:** Train adolescents to become peer health navigators equipping them with the skills to support their peers in making informed health decisions and accessing necessary services
- ✓ **PROMOTE HEALTHY DECISION-MAKING:** Encourage informed decision-making by fostering and understanding of reproductive rights, gender equality and the importance of mental and emotional well-being
- ✓ **ENHANCED SERVICE ACCESS:** Improve access to reproductive health services by teaching adolescents how to navigate healthcare systems and utilize available resources effectively
- ✓ **COMMUNITY PARTNERSHIP AND ENGAGEMENT:** Advocate for supportive community involvement, engagement and referral in adolescent health

4. In this regard, participants from your Schools Division Office (SDO) that are expected to attend; **SDO ARH Focal, SDO YFD Focal and selected Youth Leaders** from schools. The Youth Leaders from the SDOs Cebu Province, Dumaguete City, Negros Oriental and Siquijor identified in the attachment shall serve as part of the Technical Working Group. The Youth Leaders not identified in the attachment shall be identified by the Schools Division Office through the SDO YFD Focal. Herewith is a Parental Consent and Waiver Form for the parents of the Youth Leader participants' signature and affirmation of the attendance. All participants are advised to register on this link for room distribution and assignment, <https://tinyurl.com/RARHS2025>



Doña M. Gaisano St., Sudlon, Lahug, Cebu City  
Telephone Number: 639773295904 local 700



DepEd Tayo Region VII



region7.deped.gov.ph



Certificado No. PHP QMS  
24 93 0185

5. The participation of the learners and teachers both from public and private schools is subject to the discretion of the Schools Division Superintendent and is subject to compliance with the no-disruption of classes policy outlined in DepEd Order No. 9, s. 2005, titled, "Instituting Measures to Increase Engaged Time-On-Task". Additionally, participation in the activity must adhere to the no-collection policy as articulated in Section 3 of RA No. 5546, "An Act Prohibiting the Sale of Tickets and/or the Collection of Contributions for Whatever Projects or Purpose from Students and Teachers of Public and Private Schools".

6. Furthermore, the **TWG** and **ARH Focal**, being health personnel **shall also serve as Wellness Officer** for the duration of the conduct of the activity. Please refer to attached List of Participants and Parental Consent and Waiver Form. Meals, accommodation, supplies and materials, advocacy training kits, shall be charged to the regional ARH Program Support Funds. Travelling and other incidental expenses incurred by the participants shall be charged to their respective Downloaded/Local/MOOE funds subject to the usual accounting and auditing rules and regulations. For more of the details, please see attached communication or contact this Office through the Education Support Services Division (ESSD) and email address [essd.seven@deped.gov.ph](mailto:essd.seven@deped.gov.ph)

7. For dissemination and compliance.



**SALUSTIANO T. JIMENEZ JD, EdD, CESO III**  
Director IV  
Regional Director

<b>OFFICE/No. of PAX</b>	<b>NAME</b>	<b>DESIGNATION</b>
Regional Office (Technical Working Group-TWG)	Tomas T. Pastor	Chief ESSD
	Rogelio John M. Villamor, Jr.	Medical officer IV
	Melissa M. Paradela	Dentist III/ARH Focal
	Marsha Lynn P. Abellana	Nurse II
	Joanne Garcia	LRPO Focal
	Mary Joy Cañete	Mental Health COS
	Maureen Reynes	Mental Health COS
SDO Bais City	Darwin A. Galera	ARH Focal
	Junralf B. Gedorio	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Bayawan City	Czyl Kristhyl L. Anito	ARH Focal
	Apple Mae Ridad	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Bogo City	Raymund John D. Bentulan	ARH Focal
	Rosette G. Singculan	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Bohol Province	Jangie P. Duca	ARH Focal
	Aian B. Dolauta	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Carcar City	April Lilac D. Yap	ARH Focal
	Carmelita B. Cortes	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Canlaon City	Geisha P. Daragosa	ARH Focal
	Leonardo Legaspi	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Cebu City	Evanmarie V. Ardiza	ARH Focal
	Rechel Buselak	YFD Focal
	Julian Philippe Signe	Youth Leader
	SDO identification	Youth Leader
SDO Cebu Province	Floamel Jane M. Pesiao	ARH Focal
	Phineas Jose Y. Zita	YFD Focal
	King Zadrach Dadebalos	Youth Leader
	Kent Aldrich Estrera	Youth Leader
SDO City of Naga	Maria Fil-Ann B. Balali	ARH Focal
	Rhoniel B. Villarin	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader

SDO Danao City	Grace Lendio	ARH Focal
	June Grace Cabrillos	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Dumaguete City	Charisse Lim	ARH Focal
	Prim Rose Therese Santiago	YFD Focal
	Prince Rosher Iriño	Youth Leader
	Lester Aguilar	Youth Leader
SDO Guihulngan	John Betho I. Leong	ARH Focal
	Jhorwin Q. Jumalon	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Lapulapu City	Eddielyn S. Arong	ARH Focal
	Jamaila O. Labiste	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Mandaue City	Ashrell D. Maquilan	ARH Focal
	Marilou M. Fabroa	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Negros Oriental	Farren Leigh Hababag	ARH Focal
	Esan Val T. Cabrera	Alternate ARH Focal
	Gerard Patrimonio	Youth Leader
	Alfred Genson	Youth Leader
SDO Siquijor Province	Shani Melody M. Jumalon	ARH Focal
	Novelyn P. Calunod	YFD Focal
	Val Carpeso	Youth Leader
	Prince Jaesar Honculada	Youth Leader
SDO Tagbilaran City	Adeline Carmen C. Dagamac	ARH Focal
	Joermelyne P. Pasilbas	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Talisay City	Anthony M. Bornel	ARH Focal
	Lynn Larida	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Tanjay City	Daryll Gil C. Torregosa	ARH Focal
	Sarah Jean Real	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader
SDO Toledo City	Jovelou Mae R. Edoloverio	ARH Focal
	Ditas D. Zambrano	YFD Focal
	SDO identification	Youth Leader
	SDO identification	Youth Leader

## **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 **NAVIGATING WELLNESS: REGIONAL SYMPOSIUM ON CHILD AND ADOLESCENT REPRODUCTIVE HEALTH (ARH) and ORIENTATION ON PEER HEALTH NAVIGATION** on **FEBRUARY 3-7, 2025** at **WATERWORLD, MANDAUE CITY**.

I understand that the Department of Education Central Visayas, through the Education Support Services Division (ESSD) shall implement the minimum public health standards set by the government to minimize the risk of the spread of COVID-19, but it cannot guarantee that my child may not be infected with COVID-19 given that it is highly contagious.

I understand that my child's in-person attendance in the event will include associating with co-participants, program management team, speakers, and other persons inside and outside of the venue that may put my child at risk of COVID-19 transmission, notwithstanding the precautions undertaken by the implementing team.

### **Voluntary Participation**

I acknowledge that my child's participation in this activity is completely voluntary. My child may decline to participate or withdraw from participation at any time for any reason. Declining or withdrawal of participation will not result in any penalty or loss of benefits or reduction of any basic right to which my child is entitled. While there remains the risk of possible COVID19 transmission to my child/ren, and to the members of my household, I freely assume the said risk and I permit my child/ren to attend this activity.

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 and to DepEd.

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/region 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 November 15-17, 2024. I also attest that I had sought the views of my child and he/she has expressed willingness to participate in the activity.

**Exclusion (Limitations/Ineligibility)**

I am aware that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, the new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.

I confirm that my child currently has none of those symptoms and is in good health. I will not allow my child to physically go to the event if my child or any member of my household develops any of the said symptoms or any other symptoms of illness that may or may not be related to COVID-19. I will also inform the school/division and not allow my child to attend the event if my child or any of my household members tests positive for COVID-19. My child/ren and I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and our community.

**Documentation**

I confirm that I give full permission in any recording or picture taken of my child during the conduct of this event and to use some or all my child’s images/ contribution/ performance in any publication (including electronic publications such as film or website) created by or for DepEd and its program partners and to release this material to the official platforms of the Department.

**Confidentiality**

I am aware that any information that will be given during the activity will be kept strictly confidential, and personal information will be treated in accordance with the Data Privacy Act of 2012. I am assured that the information about my child will not be shared outside of the implementation team. My child’s name will not be used when data from this activity will be analyzed.

**CONTACT DETAILS FOR QUESTIONS OR PROBLEMS**

For any concerns or clarification, you may contact the Education Support Services Division (ESSD) through the email address at [essd.seven@deped.gov.ph](mailto:essd.seven@deped.gov.ph).

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

*\* Please submit this form to your Division Youth Formation Coordinator (YFC) prior to the participation on the event.*