



Republic of the Philippines
Department of Education
REGION V
SCHOOLS DIVISION OF SORSOGON

November 4, 2024

Division Memorandum
No. 255 s. 2024

To: Assistant Schools Division Superintendent
Chief Education Supervisors, SGOD/CID
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Concerned

DIVISION CELEBRATION OF NATIONAL CHILDREN'S MONTH
"BATA: BREAKING ABUSE, TRANSFORMING ACTIONS"

1. By virtue of Republic Act No. 10661, the National Children's Month (NCM) or also known as the "Buwan ng mga Bata" in the Philippines is an annual celebration which commemorates the significance of adoption of the Convention on the Rights of the Child (CRC) by the United Nations (UN) General Assembly on November 20, 1989.
2. Anchored on the domestic and international rights of the child, this Office celebrates the National Children's Month with various activities championing children's rights and welfare with the program **BATA: BREAKING ABUSE, TRANSFORMING ACTIONS** which be held on the 20th of November, 2024 at the Provincial Gymnasium.
3. This will be an inclusive activity which will be participated by our learners and advisers in Madrasah Education Program/ALIVE, ALS, IPed, IP's and Supreme Student Learner Government (SSLG) president, five (5) learners from Grade 7-10, and one (1) Adviser or School Head from the secondary schools of SDO Sorsogon.
4. Participants are encouraged to bring with them their parent's permit and extra t-shirt for the various activities. Please see the annexes for the permit and list of participants.
5. Transportation and other incidental expenses incurred in the conduct of this activity shall be charged to school MOOE subject to the usual accounting and auditing rules and regulations.
6. For information, guidance and strict compliance.

WILLIAM E. GANDO, CESO VI
Schools Division Superintendent



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Annex A:

LIST OF PARTICIPANTS

Performers/Participants	Learners	Advisers/School Head/School Coordinator	Parents	PTA
Madrasah Education Program/ALIVE	17	4	5	5
SPED	3	7		
ALS	20	5		
Gallonasa NHS	20	2		
SSLG President	92	92		
IPEd	14	5		
Grade 7-10	509	50		
DepEd Officials/Personnel/NGA's/NGO's	150			
TOTAL:		1000		



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Annex B:

PARENTAL CONSENT AND WAIVER FORM
(English Version)

I, _____, as the parent or legal guardian of _____, hereby acknowledge that I have been informed of the details of the conduct of the face-to-face **Division National Children's Month Celebration** with the theme, "**BATA; Breaking Abuse, Transforming Actions**" that will be held on **November 20, 2024** at the **Provincial Gymnasium, Capitol Compound Sorsogon City**.

I understand that the SDO of Sorsogon through the SGOD-Youth Formation Division and SocMob (SGOD-YFD and SocMob) of this office 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 will not become 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 teachers, fellow learners and school personnel, and other persons inside and outside of the school 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 COVID-19 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.

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 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 of my child’s images/ contribution/ performance in any publication (including electronic publications such as film or website) created by or for the SDO SGOD-YFD and SocMOB and to release this material to DepEd official platforms.

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 is analyzed.

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 the SDO SGOD-YFD and SocMOB.

To the extent allowed by law and rules, I hereby agree to waive, release, and discharge all claims, causes of action, damages, and rights against the school/division 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 20, 2024. I also attest that I had sought the views of my child and he/she has expressed a willingness to participate in the activity.

CONTACT DETAILS FOR QUESTIONS OR PROBLEMS

For any concerns or clarification, you may contact the SDO School Governance and Operations Division through the Youth Formation Division and SocMOB through telephone number 09052442290.

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

** Please submit this form to your child’s school prior to participation in the event.*

PAGBIBIGAY PAHINTULOT (CONSENT) AT WAIVER
(Filipino Version)

Ako si _____, magulang o legal na tagapangalaga ni _____, ay ipinaalam sa akin ang mga detalye ng pagsasagawa ng **Division Celebration of National Children's Month** na may temang, "**BATA: Breaking Abuse, Transforming Actions**" sa Nobyembre 20, 2024 na gaganapin sa **Provincial Gymnasium, Capitol Compound Sorsogon City**.

Nauunawaan kong ipatutupad ng SDO of Sorsogon sa pamamagitan ng SGOD-Youth Formation Division at SocMob (SGOD-YFD and SocMob) ng Kagawaran ng Edukasyon ang mga pampublikong pamantayang pangkalusugan na itinakda ng pamahalaan, subalit hindi nito matitiyak na hindi mahahawahan ng COVID-19 ang aking anak, sapagkat lubhang nakahahawa ang sakit na ito.

Nauunawaan kong kabilang sa harapang pagdalo sa gawain ng aking anak ang pakikihalubilo sa mga guro, kamag-aral at mga empleyado ng paaralan, at iba pang tao sa loob at labas ng paaralan na maaaring magdulot ng pagkahawa ng aking anak sa COVID-19, sa kabila ng mga pag-iingat na isinasagawa ng SDO SGOD-YFD/SocMob.

Boluntaryong Paglahok

Nauunawaan kong ganap na boluntaryo ang paglahok ng aking anak sa gawaing ito. Ang aking anak ay maaaring tumanggi o umatras sa paglahok sa anumang oras sa anumang dahilan. Ang pagtanggap o pag-atras sa gawaing ito ay hindi magkakaroon ng anumang parusa, o hindi mawawala ang anumang benepisyong nararapat para sa aking anak. Bagamat nananatili ang posibilidad ng pagkahawa sa COVID-19 ng aking anak, at ng aming mga kasama sa bahay, tinatanggap ko ang mga kaakibat nitong panganib (freely assume the risk) at pinahihintulutan kong lumahok ang aking anak sa gawaing ito.

Mga Limitasyon/ Mga Hindi Maaaring Mapiling Lumahok

Batid ko ang mga sintomas ng COVID-19 kung saan kabilang ang, ngunit hindi limitado sa, lagnat, pag-ubo, pangangapos ng hininga, pagkapagod, pananakit at pagkirot ng katawaan o kalamnan, pagkawala ng panlasa o pang-amoy, pananakit ng lalamunan (sore throat), sipon o baradong ilong, pagduduwal, pagsusuka, at pagtatae.

Kinukumpirma ko na ang aking anak ay wala ng mga nabanggit na sintomas, at kasalukuyang may mabuting kalusugan. Hindi ko pahihintulutan ang aking anak na harapang pumasok sa paaralan kung ang aking anak o sinumang kasama sa bahay ang makaranas ng mga nabanggit na sintomas o makaranas ng iba pang sintomas na maaaring may kaugnayan sa COVID-19. Ipaalam ko sa paaralan ang aming kundisyon at hindi ko pahihintulutang lumahok sa harapang klase ang aking anak kung siya o sinumang kasama sa bahay ay magpositibo sa COVID-19. Ako, ang aking anak at ang aming mga kasama sa bahay, ay susunod sa mga protokol na pangkalusugan at pangkaligtasan at sa mga pamamaraang isinasagawa ng paaralan at ng aming komunidad.

Dokumentasyon

Kinukumpirma ko na binibigyan ko ng buong pahintulot ang anumang pagre-record o pagkuha ng larawan ng aking anak habang isinasagawa ang kaganapang ito at gamitin ang ilan o lahat ng mga larawan/ ambag/ pagganap ng aking anak sa anumang publikasyon (kabilang ang mga elektronikong publikasyon tulad ng pelikula o website) na ginawa sa o para sa SDO SGOD-YFD/SocMob at ilabas ang mga materyal na ito sa mga opisyal na plataporma ng Kagawaran.

Pagkakumpeksiyal

Batid ko na ang anumang impormasyong ibibigay habang isinasagawa ang gawaing ito ay pananatilihang kumpeksiyal, at ang personal na impormasyon ay gagamitin nang naayon sa Data Privacy Act of 2012. Aking natitiyak na ang mga impormasyon tungkol sa aking anak ay hindi ilalabas ng implementation team. Ang pangalan ng aking anak ay hindi gagamitin sa pagsusuri ng mga datos sa gawaing ito.

Kinukumpirma ko na ako ay pumapayag at nauunawaan ko ang tungkulin ng aking anak sa pagdalo sa gawaing ito. Buong puso kong susuportahan ang pagsusumikap ng aking anak na matugunan ang mga ekspektasyon, mga alituntunin, at mga responsibilidad sa kanyang mga kapwa kalahok at sa SDO SGOD-YFD/SocMob.

Sa hangganang pinahihintulutan sa ilalim ng batas at ng mga patakaran, sumasang-ayon ako na talikuran ang anumang paghahabla o paghahabol at lubusan kong tinatalikuran ang anumang karapatan, paghahabol, anumang usapin o pagsasampa ng kaso laban sa paaralan/dibisyon, mga empleyado at opisyal nito, at sa Kagawaran ng Edukasyon kaugnay sa pagpapatupad ng gawaing ito. Dahil naunawaan ko ang lahat ng mga nabanggit, ipinapahayag ko - sa ngalan ng aking sarili, mga kasama sa aking bahay, at ng aking anak - ang aking malaya at boluntaryong pagpapahintulot sa paglahok ng aking anak sa gawaing ito simula Hulyo 29, 2023 hanggang Agosto 03, 2023. Pinatotohanan kong sumangguni ako sa opinyon ng aking anak at nagpahayag siya ng kanyang pagsang-ayon sa paglahok sa gawaing ito.

MGA DETALYENG MAAARING MAKONTAK PARA SA MGA TANONG O SULIRANIN

Para sa anumang tanong o paglilinaw, maaaring makipag-ugnayan sa SDO School Governance and Operations Division sa pamamagitan ng Youth Formation Division at SocMob sa telepono bilang 09052442290.

Lagda ng Magulang/Tagapag-alaga sa Ibabaw ng Pangalan	Numero ng Maaaring Tawagan/Makontak
Pangalan ng Mag-aaral	Petsa

** Mangyaring isumite ang dokumentong ito sa paaralan ng iyong anak bago ang pagsasagawa ng harapang gawain.*