

Republic of the Philippines

Department of Education

REGION VIII SCHOOLS DIVISION OF CALBAYOG CITY

July 19, 2024

MEMORANDUM
DM-OSGOD-LFD_372, s. 2024

TO: Asst. Schools Division Superintendent
SGOD and CID Chiefs
Public Schools District Supervisors
Public and Private Elementary/Secondary School Heads
District Child Protection Coordinators
All Others Concerned

ADDENDUM TO DM No.020, s. 2024 RE: ORIENTATION ON CHILD PROTECTION POLICY AND ROLL-OUT ON THE ENHANCEMENT OF THE FUNCTIONALITY OF THE CHILD PROTECTION COMMITTEES (CPC)

- 1. Travelling expenses of the participants in the Orientation on Child Protection Policy and Roll-Out on the Enhancement of the Functionality of the Child Protection Committees on **August 14-16**, **2024** will be chargeable to the school MOOE/local funds/other funds subject to the audit rules and regulations.
- 2. The teacher-participants shall accomplish the **Subject Displacement** form in their respective schools while the learner-participants shall submit the **Parent/Guardian Consent form** (see attachments).
- 3. The rest of the provisions stipulated in the previous memorandum remain in effect.
- 4. Immediate dissemination of and compliance with this memorandum are earnestly desired.

MARGARITO A. CADAYONA JR., PhD. CESO VI OIC-Office of the Schools Division Superintendent



For the Schools Division Superintendent:

Administrative Officer V
Office In-Charge





Address: P2 Brgy. Hamorawon, Calbayog City, Samar Email Address: calbayogcity@deped.gov.ph

Website: https://calbayogcity.deped.gov.ph/



Republic of the Philippines

Department of Education REGION VIII

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SCHOOLS DIVISION OF CALBAYOG CITY

Attachment 2

Name of Learner

PARENT'S / GUARDIAN CONSENT FORM

Contact Number/s Title of the Activity Orientation on Child Protection Policy and Roll-out on the Enhancement of the Functionality of the Child Protection Committees Venue Division Office Conference Hall, SDO Calbavog August 14-16, 2024 As the parent/guardian of the abovementioned learner, I hereby acknowledge that I have been informed of the details of the activity and freely elect to participate 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. I will also remind my child to follow the proper health and safety protocols set forth by the IATF, DOH, and DepEd in case of his/her participation in a limited face-to-face activity. I hereby allow the organizers to have the photos, videos, and/or any testimonials of my child as part of the documentation of the said activity. I further certify that I am informed of the purpose of the activity and willingly and expressly give my consent thereto and that the same shall be processed in accordance with the Data Privacy Act of 2012 (Republic Act 10173) and the Learners Rights Protection Policy of the Department. Having understood all the, I hereby consent my child or children to participate, acknowledging all	School	:	
Parent's/Guardian's Name: Relationship to the Learner: Home Address : Contact Number/s : Title of the Activity : Orientation on Child Protection Policy and Roll-out on the Enhancement of the Functionality of the Child Protection Committees Venue : Division Office Conference Hall. SDO Calbavog Date of Activity : As the parent/guardian of the abovementioned learner, I hereby acknowledge that I have been informed of the details of the activity and freely elect to participate 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. I will also remind my child to follow the proper health and safety protocols set forth by the IATF, DOH, and DepEd in case of his/her participation in a limited face-to-face activity. I hereby allow the organizers to have the photos, videos, and/or any testimonials of my child as part of the documentation of the said activity. I further certify that I am informed of the purpose of the activity and willingly and expressly give my consent thereto and that the same shall be processed in accordance with the Data Privacy Act of 2012 (Republic Act 10173) and the Learners Rights Protection Policy of the Department. Having understood all the, I hereby consent my child or children to participate, acknowledging all of the foregoing.	Date of Birth	:	
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Notes: (other information you may wish to inform the teacher, such as medical condition, etc.)