

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

Office of the Schools Division Superintendent

24 June 2024

DIVISION MEMORANDUM
 No. 239, s. 2024

PARTICIPATION TO THE LEARNERS’ CONVENTION PH 2024

To: **Assistant Schools Division Superintendent**
Chief Education Supervisors, CID and SGOD
Division Learner Formation Coordinator
Public Secondary School Heads
School Head/Principal – Saint Joseph Academy
All Others Concerned
 This Division

1. Pursuant to DepEd Memorandum OM-OUOPS-2024-11-03526 dated May 6, 2024 – “Advisory on the Conduct of **Learners’ Convergence PH 2024**”, this Office announces the participation of select secondary learners to the aforementioned activity on **July 8 to 13** at **Lapu-Lapu City, Cebu**.

2. The following are the participants who will be attending this activity:

Name	School/Station	Representation
Ryan Matthew S. Agan	Kalabaylabay Integrated School	Incoming DFSSLG President (SY ‘24-‘25)
Billie Janine B. Magpulong	Saint Joseph Academy	Private School Learner Representative
Sherlyn B. Rom	Cogon National High School	Learner representing health-related organization
Kim Bryan C. Balasabas	Molugan National High School	Learner representing sports-related organization
Harris Kim B. Palasan	El Salvador City National High School	Learner representing LRP-related organization
Junalyn M. Bengar	Sinaloc National High School	Learner representing Disaster Risk Reduction and Management-related organization
Eulita M. Castillo – AO II	Taytay Elementary School	Chaperone
Esmael V. Malaco, Jr. – PDO I	Schools Division Office	Chaperone

SGOD/evm



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3. Travel expenses and other incidental expenses of selected learner participants and chaperones shall be charged to the Learner Support Funds (downloaded program support fund), Local Funds, Maintenance and Other Operating Expenses (MOOE), and other fund sources subject to the usual accounting and auditing rules and regulations.
4. Delegates shall be billeted at identified public school in Lapu-Lapu City, Cebu. Accommodation will run from 7:00 AM on Monday, July 8, 2024, until 12:00 PM on Saturday, July 13, 2024. The first meal to be served is lunch on July 8, 2024, while the last meal will be morning snacks on July 13, 2024.
5. This memorandum shall serve as **Official Authority to Travel** for the above-mentioned division personnel.
6. For dissemination, guidance and strict compliance.


RANDOLPH B. TORTOLA
Schools Division Superintendent

Encl: As stated
Reference: Memo OM-OUOPS-2024-11-03526
To be indicated in the Perpetual Index
under the following subjects:

YFD LEARNCONPH2024

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Enclosure No. 3

PARENTAL CONSENT AND WAIVER FORM

I, _____, as the parent or legal guardian of _____, hereby acknowledge that I have been informed of the details of the conduct of the **LEARNERS' CONVERGENCE PHILIPPINES 2024** that will be held on **July 8-13, 2024** at **Lapu-Lapu City**.

I understand that the Bureau of Learner Support Services-Youth Formation Division (BLSS-YFD) of the Department of Education (DepEd) shall implement the minimum public health standards set by the government to minimize the risk of the spread of any communicable disease, but it cannot guarantee that my child will not become infected.

I understand that my child's in-person attendance at 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 transmission of any communicable disease, 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 withdrawing 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 transmission of any communicable disease 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 any communicable disease 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 any communicable disease. 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 test positive for any communicable disease. 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 my child's images/ contribution/ performance

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in any publication (including electronic publications such as film or website) created by or for the BLSS-YFD 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 Republic Act 10173, 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 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 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 from July 8 to 13, 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 BLSS-YFD through the email address blss.yfd@deped.gov.ph

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

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

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LEARNER CONSENT, WAIVER, INDEMNITY and RELEASE

(To be completed by the Learner)

I, _____, agreed to participate with the consent of my parents and/or legal guardian in the Learners' Convergence Philippines 2024 at Lapu-Lapu City.

I agree to give permission to the **Department of Education (DepEd)** and its representatives to make recordings of my voice and to take photographs and/or videos in which I appear in at the event and location stated above, to be used for the communications and various public campaigns of the Department be it in print, broadcast and/or electronic media.

I have read and understood the accompanying letter and information leaflet. For things I do not understand, I will ask my Parent/Guardian to clarify the objective of the activity for me.

I know the purpose of the project/activity and the part I will be involved in. I know that DepEd and its representative are not allowed to use the information about me in any form that might harm my rights and well-being.

_____ Name of Learner	_____ Name of School
_____ Age	_____ Date

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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 of Participant
Age _____ Sex _____ born on _____ and have found that he/she is
Physically fit, during the time of examination, to join in the **Learners Convergence**
PH 2024 in Lapu-Lapu City on July 08-13, 2024.

Physical Examination:

Date Examined: _____

Height: _____ Weight: _____ Blood Pressure: _____

Pulse Resting: _____ Respiratory Rate: _____

Other Remarks: _____

Physician/ Medical Officer
Signature above Printed Name

License No. _____

PTR: _____

Date: _____

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