REGIONAL MEMORANDUM
No. 2020-001, s. 2020

CONSULTATIVE MEETING FOR STUDENT LEADERS RE: POLICY DEVELOPMENT FOR ADOLESCENT REPRODUCTIVE HEALTH (ARH) PROGRAM

To: Schools Division Superintendents
   Ilocos Sur and Ilocos Norte

1. Attached is the Memorandum of the Undersecretary for Administration Alain Del B. Pascua, Department of Education–Central Office, Meralco Avenue, Pasig City dated November 16, 2020.

2. For immediate and appropriate action.

TOLENTINO G. AQUINO
Director III
Officer-In-Charge
Office of the Regional Director

Incl.: As Stated.

To be indicated in the Perpetual Index under the following subjects:

HEALTH EDUCATION MEETINGS

ESSD-JRBP/AdolescentReproductiveHealthProg
November 19, 2020
OUA MEMO 00-1120-0179
MEMORANDUM
16 November 2020

To: Regional Directors
Division Youth Formation Coordinators

Subject: CONSULTATIVE MEETING FOR STUDENT LEADERS
RE: POLICY DEVELOPMENT FOR ADOLESCENT
REPRODUCTIVE HEALTH (ARH) PROGRAM

The Department of Education (DepEd), through the Bureau of Learner Support Services – School Health Division (BLSS-SHD), in collaboration with the Youth Formation Division (YFD), will conduct an online consultative meeting for student leaders on November 20, 2020 from 2:00 p.m. to 5:00 p.m. via Google Meet. This is to prepare for the development of comprehensive policy and guidelines for the Adolescent Reproductive Health (ARH) Program.

In line with this, the Office of the Undersecretary for Administration (OUA) requests your respective offices to select two (2) Supreme Student Government (SSG) leaders to participate in the said event. To confirm attendance, participants may register using the following link: https://bit.ly/FGDARHPolicy

The accomplished parent consent forms (see attached) of the participants shall be submitted by their respective Division Youth Formation Coordinators on or before November 18, 2020 to BLSS-YFD at blss.yfd@deped.gov.ph.

For questions or concerns, please contact Mr. Adolf P. Aguilar, Chief of BLSS-YFD, at blss.yfd@deped.gov.ph (cc: Lien Ivy C. Callado, Health Education and Promotion Officer of BLSS-SHD, at arh@deped.gov.ph).

For immediate dissemination and strict compliance.

[Signature]
Undersecretary

Encl: Parent Consent Form

Office of the Undersecretary for Administration (OUA)
(Administrative Service (AS), Information and Communications Technology Service (ICTS), Disaster Risk Reduction and Management Service (DRRMS), Bureau of Learner Support Services (BLSS), Baguio Teachers Camp (BTC), Central Security & Safety Office (CSSO)]

Department of Education, Central Office, Meralco Avenue, Pasig City
Rm 519, Mabini Bldg; Mobile: +639260320762; Tel: (+632) 86337203, (+632) 86376207
Email: ousc.admin@deped.gov.ph; Facebook/Twitter: @DepEDPH
PARENT CONSENT FORM

In relation to the consultative meeting for student leaders on **20 November 2020** which aims to prepare for the development of comprehensive policy and guidelines for the Adolescent Reproductive Health (ARH) Program, the undersigned:

1. confirms that his/her daughter/son has understood what this activity is about and is aware of its outcomes;
2. shall allow his/her daughter/son to maintain anonymity and confidentiality, especially in the personal information that his/her daughter/son will share;
3. shall give facilitators the right to collect any information they may need such as his/her daughter's/son's name, email address and contact number; and
4. understands that his/her daughter/son's participation is voluntary and is free to withdraw any information given at any time.

The discussion in the consultative meeting and any information that each party learns from the other party from this activity are regarded as confidential information. Each party bears strict confidentiality obligations and may not disclose it without the written permission of the disclosing party.

I hereby allow my daughter/son to be part of this activity and relay his/her personal stories on adolescent health that shall be published in social media platforms and may be uploaded by the Bureau of Learner Support Services – School Health Division (BLSS-SHD) and Youth Formation Division (YFD) for public consumption.

Signed:

___________________________
Learner’s Name

___________________________
Parent’s Name

___________________________
Parent’s Signature

___________________________
Date Signed