DEPARTMENT OF EDUCATION
RECORDS SECTION, REGIONAL OFFICE NO. 1
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DATE: OCT 20 2025

REGIONAL MEMORANDUM
No. 1433 s. 2025

PARTICIPANTS FOR THE REGIONAL MENTAL HEALTH SUMMIT FOR YOUTH LEADERS 2025

To: Schools Division Superintendents
Division Youth Formation Coordinators

1. This refers to Regional Memorandum No. 804, and 847, s. 2025 titled "Mental Health Summit for Youth Leaders", the conduct of the three-day activity will be on **November 30 – December 2, 2025 at National Educators Academy of the Philippines – Region 1 (NEAP-R1), San Vicente, City of San Fernando, La Union.**

2. The summit aims to provide learner-leaders with the essential knowledge, skills, promote a safe and stigma free school environment, and values to serve as advocates for mental health and wellness.

3. The following participants have been pre-identified and signified their attendance to the said training:
(See Annex A for the complete list of participants by Schools Division Office)

4. Participants are expected to **arrive at the venue on November 30, 2025. Check-in will begin after lunch**, with **breakfast as the first meal to be served. Check-out is on December 2, 2025, before lunch time, with dinner as the last meal to be served.**

5. Requests for **changes in participants or representative**, as well as **notices of withdrawal from the activity, must be submitted at least two (2) weeks before the event.** Replacement participants must preferably be of the same gender for room accommodation purposes. **Unregistered participants arriving on the day of the activity will not be accommodated.**

6. Any participant who withdraws from the event within one week of its commencement must submit a justification letter signed by the Schools Division Superintendent.

6. Travel and other incidental expenses of the participants, including learners, shall be charged against their respective local funds, subject to existing accounting and auditing rules and regulations.

7. All participating learners are required to submit Parental Consent Forms upon registration at the venue. A copy of the **consent form is attached as Annex B.**

8. Division Youth Formation Coordinators, and/or Chaperones assigned to the learners are entitled of Compensatory Time-off (CTO) on November 30, 2025 (Sunday) per CSC-DBM No. 2 s. 2004 (Non-monetary Remuneration for Overtime Services Rendered).

9. For inquiries or further information, please contact **Mr. Amante C. Ofiana Jr.**, Technical Assistant II of the Education Support Services Division – School Health Section via email at amante.ofiana@deped.gov.ph or by phone at 0951-734-9662.

10. Immediate and wide dissemination of this Memorandum is desired.

TOLENTINO G. AQUINO
Director IV

Encl: As stated
Reference: RM_No.804 & 847 s.2025
To be indicated in the Perpetual Index
under the following subjects:

LEARNERS
SEMINARS

ESSD/acojr/RM_ParticipantsForTheMentalHealthSummitForYouthLeaders
October 22, 2025

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ANNEX A

SCHOOLS DIVISION OFFICE	NAME	DESIGNATION
ALAMINOS CITY	1. GIANNE MAE M. CATINDIG	DFSSLG PRESIDENT
	2. PRECIOUS Q. PUZON	DFSSLG VICE PRESIDENT
	3. GENEROSO E. SISON III	DYFC
BATAC CITY	1. RICK XYVENDER C. PURISIMA	DF SSLG PRESIDENT
	2. ADRIAN JAKE B. BUCALIG	DFSSLG VICE PRESIDENT
	3. ANGELO M. BANGCUD	DYFC
CANDON CITY	1. CHERYLYN A. AGUSEN	DF SSLG PRESIDENT
	2. LOYD S. GARGAR	DFSSLG VICE PRESIDENT
	3. GENEROSE R. TUPASI	DYFC
DAGUPAN CITY	1. JENICA SHANE D. DARANG	DFSSLG AUDITOR
	2. JANELLE O. LUNA	DFSSLG TREASURER
	3. BETHANY VENICE S. BAUTISTA	DYFC
ILOCOS NORTE	1. DEE JAY A. CALIMAG	DFSSLG PRESIDENT
	2. GIAN RUSSEL M. ASUNCION	DFSSLG VICE PRESIDENT
	3. MARK ALVIN R. TABIJE	DYFC
ILOCOS SUR	1. SZEAN JUSTINE M. ABARQUEZ	LEARNER
	2. MARY ROSE DIVINE M. GABAYAN	LEARNER
	3. KHRISTIAN JOSEPH Y. TENGCO	YFD COORDINATOR (TEACHER ADVISER)
LAOAG CITY	1. MARK RYAN JAY RIVERA	DFSSLG PRESIDENT
	2. JAMILLIA LEI V. MABINI	DFSSLG VICE PRESIDENT
	3. IMEE G. NICOLAS	DYFC
LA UNION	1. MARIANE B. MARCELINO	SSLG PRESIDENT
	2. MISHAEL ANN S. PASAG	SSLG VICE PRESIDENT
	3. EDELITO D. CHAN	DYFC
PANGASINAN I	1. MARK GERRY N. OBLANCA	DYFC
	2. JHON JOSEPH DV. APOSTOL	DFSSLG PRESIDENT
	3. MARVIN M. RAMOS	DFSSLG VP
	4. XCYL FLORENZ S. LENCIOCO	DFSSLG SECRETARY
	5. LOYD GABRIEL M. AQUINO	DFSSLG PROTOCOL OFFICER
	6. DENMARK M. MANUEL	BKD DFS VP
	7. FROILAN S. NERI	BKD DFS PROTOCOL OFFICER
PANGASINAN II	1. JHON ROBERT B. BAS	DFSSLG PRESIDENT
	2. RHYIANNA PATRIZZE B. MENDOZA	DFSSLG VICE PRESIDENT
	3. YVES JACQUE CLAUDE B. MEDIOS	DFSSLG P.O.

	4. ARIANE E. ROMATAN	DFSSLG 6TH DISTRICT REPRESENTATIVE
	5. LANCE PATRICK L. RICO	DFSSLG P.I.O
	6. ABIGAIL A. CAMACHO	DFSSLG TREASURER
	7. MARLIE S. JIMENEZ	DYFC
SAN CARLOS CITY	1. NIMFA FEYE M. DIAZ	DFSSLG PRESIDENT
	2. JANNALYN C. TORIO	DFSSLG VICE-PRESIDENT
	3. MADELINE S. SUAREZ	DYFC
SAN FERNANDO CITY	1. RAY ANTON L. RIMAS	DYFC
	2. FRANCHEZ DANIELLE A. DOLLENTAS	DFSSLG PRESIDENT
	3. KRISHYANA BELL R. ABAD	DFBKD PRESIDENT
URDANETA CITY	1. WARLITO V. TELLES JR.	DYFC
	2. KIM CYRUS M. AQUINO	DFSSLG VICE-PRESIDENT
	3. KRISHANE JADE M. SY	DFSSLG PRESIDENT
VIGAN CITY	1. SHERWIN D. FABRE	DYFC
	2. ERICSON P. ALAMBAT	DFSSLG PRESIDENT
	3. XYRELLE DARWIN A. RUTAB	DFSSLG VICE PRESIDENT

Annex B

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 face-to-face event on the **REGIONAL MENTAL HEALTH SUMMIT FOR YOUTH LEADERS 2025**, that will be held on **November 30 – December 2, 2025** at **National Educators Academy of the Philippines – Region 1 (NEAP-R1), San Vicente, City of San Fernando City, La Union.**

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 hotel that may put my child at risk and exposure to communicable diseases, 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. I freely assume the said risk and I permit my child/ren to attend this activity.

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 ESSD-SHS 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 of his/her fellow participants and to DepEd.

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 from November 30 – December 2, 2025. 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 **Education Support Services Division – School Health Section** (ESSD-SHS) via landline at **072-682-2324** or through the email address **essd.region1@deped.gov.ph**.

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

** Please submit this form at the registration desk upon arrival at the venue.*