



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OFFICE OF PAMPANGA

July 15, 2025

DIVISION MEMORANDUM
No. 434, s. 2025

**SUBMISSION AND APPROVAL PROCESS FOR YOUTH FORMATION PROGRAM
SCHOOL-BASED ACTIVITIES**

To: Assistant Schools Division Superintendents
Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

1. This Office announces the list of pre-activity requirements and the process for securing approval for learner-centered, school-based activities under the following Youth/Learner Formation Programs:
 - Supreme Elementary Learner Government / Supreme Secondary Learner Government (SELG/SSLG)
 - Youth for Environment in Schools Organization (YES-O)
 - Barkada Kontra Droga (BKD)
 - Career Guidance Program (CGP)
 - Learner Rights and Protection / Child Protection Program (LRP/CPP)
2. Schools are required to submit the following documents to the Division Office Records Unit **at least two (2) weeks prior** to the proposed activity date for proper evaluation and approval:
 - a. Transmittal Letter

Addressed to:

ROMEO M. ALIP, PhD, CESO V
Schools Division Superintendent

Attention: **SGOD Youth Formation Unit**

- b. Project Proposal
- c. Program Matrix
- d. List of Program Management Team or Technical Working Group
- e. List of Participants (*Enclosure 1*)
- f. Parental Consent and Waiver Forms for all learner participants (*Enclosure 2*)
- g. Indemnity and Release Form (*Enclosure 3*)
- h. Designation of at least two (2) School Child Protection Committee Representatives to establish the Learner Rights and Protection (LRP) Desk (*Enclosure 4*)



Address: High School Blvd., Brgy. Lourdes, City of San Fernando (P)
Telephone No.: (045) 435-2728; (045) 435-7404
Email Address: pampanga@deped.gov.ph
Website: www.depedpampanga.ph

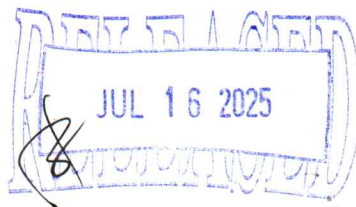


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3. The templates for the required enclosures are available at the following link:
<https://tinyurl.com/SDOPampanga-YFP-reqs>
4. All activities must strictly adhere to the provisions of DepEd Order No. 40, s. 2012, also known as the Child Protection Policy. No activity shall deviate from the principles and guidelines set forth in this policy.
5. A Learner Rights and Protection (LRP) Desk should be established in the school or activity venue to address any concerns related to learner rights and protection. The desk must include the following:
 - a. At least two (2) representatives from the School Child Protection Committee
 - b. Table and chairs
 - c. LRP Desk Roll-Up Banners (3x5) (*Recommended Template:*
<https://tinyurl.com/LRP-Desk-Banner>)
 - d. List of Emergency Hotlines
6. For information, guidance, and strict compliance.

ROMEO M. ALIP, PhD, CESO V
Schools Division Superintendent

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Enclosure No. 1

[NAME OF ACTIVITY]
[VENUE]
[DATE]

LIST OF PARTICIPANTS

	Name	Grade Level	School/Office
1.			
2.			
3.			
4.			
5.			
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30.			

(add rows as necessary)



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Enclosure No. 2

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 **[Name of Activity]** that will be held on **[Date]** at **[Venue]**.

I understand that the Schools Governance Operations Division – Learner Formation Unit (SGOD-LFU) of the Department of Education (DepEd) Schools Division Office of Pampanga 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 in any publication (including electronic publications such as film or website) created by or for the SGOD-LFU 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 **[Date]**. 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 SGOD-LFU through the email address **yfd.pampanga@deped.gov.ph**

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

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

Enclosure No. 3

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 **[Name of Activity]** on **[Date]** at **[Venue]**.

I agree to give permission to the **Department of Education (DepEd) Schools Division Office of Pampanga** 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

(Please use your school's letterhead)

Enclosure No. 4

**DESIGNATION OF SCHOOL CHILD PROTECTION COMMITTEE MEMBERS
SCHOOL YEAR 2025–2026**

This is to formally designate the following personnel as the official members of the **School Child Protection Committee (SCPC)** for the current School Year 2025–2026:

NAME	NAME
<i>Position</i>	<i>Position</i>
<i>Designation in the SCPC</i>	<i>Designation in the SCPC</i>

In line with their duties and responsibilities, the above-mentioned personnel are likewise designated to establish and manage the **Learner Rights and Protection (LRP) Desk** during the conduct of **[Title of Activity]** on **[Date]** at **[Venue]**.

This designation is issued to ensure the safety, well-being, and protection of learners during the said activity in adherence to the Department of Education's Child Protection Policy and other relevant guidelines.

Issued this [Insert Date of Issuance].

[Name of School Head]

[Position]

[School Name]
