



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

November 24, 2025

DIVISION MEMORANDUM
No. 734, s. 2025

**SDO PAMPANGA PARTICIPANTS ON THE NAVIGATING WELLNESS: REGIONAL
CAPACITY-BUILDING ON CHILD AND ADOLESCENT REPRODUCTIVE HEALTH**

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

1. Relative to Regional Memorandum No. 361, s. 2025 titled "*Navigating Wellness: Regional Capacity-Building on Child and Adolescent Reproductive Health*," this Office, through the School Governance and Operations Division (SGOD) – Learner Formation Unit, announces the participants from SDO Pampanga who are requested to attend the aforementioned activity on **November 25–28, 2025** at **Anne Raquel's Hillside Resort and Hotel, New Cabalan, Olongapo City, Zambales**, as follows:

Name	Designation	School/Office
JUAN EMMANUEL C. CASTOR	DFSSLG President	San Vicente San Francisco High School
ARCHIE PAUL N STA RITA	Teacher-Adviser	San Vicente San Francisco High School

2. Board and lodging for the duration of the activity shall be provided by the organizer. However, travel and incidental expenses shall be charged to the downloaded funds from the Regional Office, subject to the usual accounting and auditing rules and regulations.
3. This Memorandum shall serve as the Permission to Travel of the learner participant and Travel Authority of the concerned DepEd personnel.
4. Attached herewith are the Regional Memorandum No. 361, s. 2025 for further information.
5. For more information or any concerns, please contact Chesca Marie M. Soliman, Division Learner Formation Coordinator, via email at chescamarie.soliman@deped.gov.ph or by phone at (045) 961 5262.



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

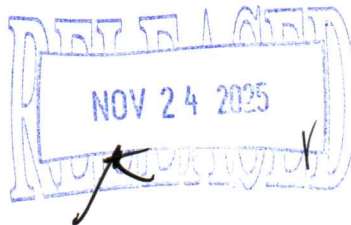


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6. Wide and immediate dissemination of this Memorandum is earnestly desired.

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

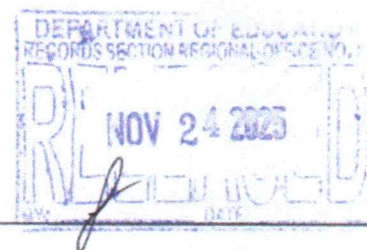
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Republic of the Philippines
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REGION III-CENTRAL LUZON



REGIONAL MEMORANDUM

No. 361, s. 2025

NAVIGATING WELLNESS: REGIONAL CAPACITY-BUILDING ON CHILD AND ADOLESCENT REPRODUCTIVE HEALTH

To : Schools Division Superintendents
Chiefs, Schools Governance Operation Division
Health and Nutrition Unit
Youth Formation Unit
Public Secondary Schools
All Others Concerned

1. Pursuant to **Republic Act No. 10354, otherwise known as the Responsible Parenthood and Reproductive Health (RPRH) Act of 2022**, the Department of Education Regional Office III, through the Education Support Services Division (ESSD) shall conduct the Navigating Wellness: Regional Capacity-Building on Child and Adolescent Reproductive Health on **November 25 to 28, 2025**, at Anne Raquels Hillside Resort and Hotels, New Cabalan, Olongapo City, Zambales.
2. This activity provides an orientation on peer health navigation, equipping adolescents with the knowledge and support they need to make decisions about their reproductive health and wellness confidently.
3. The activity aims to address the following:
 - a. **Educate- Adolescents:** Provide comprehensive education on reproductive health topics, including puberty, STI prevention, mental health, and healthy relationships.
 - b. **Empower Peer Support:** Train Adolescents to become peer health navigators, equipping them with the skills to support their peers in making informed health decisions and accessing services.
 - c. **Promoting Healthy Decision-Making:** Encourage informed decision-making by fostering and understanding of reproductive rights, gender equality, and the importance of mental and emotional well-being.
 - d. **Enhance Service Access:** Improve access to reproductive health services by teaching adolescents how to navigate healthcare systems and utilize available resources effectively.
 - e. **Community Partnership and Engagement:** Advocate for supportive community involvement, engagement, and referral in adolescent health.



Republic of the Philippines
Department of Education
REGION III-CENTRAL LUZON

4. The target participants are the following:
 - a. 1 Division Adolescent Reproductive Health Coordinator
 - b. 1 Division Youth Formation Coordinators handling SELG/SSLG or/ school Adviser SSLG
 - c. 1 Division President of Supreme Secondary Learner Government (SSLG) or next in rank officer
5. The organizer shall provide the board and lodging of the participants while traveling, and other incidental expenses of the participants shall be charged on the downloaded funds from the Regional Office, subject to the usual accounting and auditing rules and regulations.
6. Enclosed is the list of the Regional Core Team, Technical Working, Regional and Division Facilitators, Parental Consents, and Learners- Participants Consent for reference.
7. For inquiries and concerns, you may directly coordinate with **Ms. Crisel P. Viray**, Nutritionist-Dietitian II, through email address at crisel.viray@deped.gov.ph
8. For information and guidance.

RONNIE S. MALLARI, PhD, CESO V
Regional Director

Encl.: As stated,
References: Republic Act No. 10354
To be indicated in the Perpetual Index
under the following subjects:

ADOLESCENT REPRODUCTIVE
HEALTH PROGRAM

ESSD/health3
November 17, 2025

To send feedback
regarding any of
our services,
kindly scan the
QR Code.



Address: Matalino St. D.M. Government Center, Maimpis,
City of San Fernando (P)
Telephone Number: (045) 598-8580 to 89
Email Address: region3@deped.gov.ph
Website: <https://region3.deped.gov.ph>





Republic of the Philippines
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REGION III-CENTRAL LUZON

Annex A.

Name	Position and Division	Roles and Responsibilities	Deliverables and outputs
PROGRAM MANAGEMENT TEAM			
SAMMY P. SAMPANG	Chief Education Supervisor - ESSD	Supervise the planning, coordination, and implementation of the training.	Approved program flow, logistic plans, letters, and monitoring sheets.
CRISEL P. VIRAY	Nutritionist-Dietitian II - ESSD	Communicate with resource speakers, venue management and personnel to ensure the training's smooth operations	Agreed schedule and list for meals, and snacks and venue service support. Letters to/from resource speakers.
ALYSSA MANAPAT MAE	Technical Assistant I- HNU; ESSD	Oversees documentation, post-activity evaluations, and program flow.	Compile documentation and evaluation files, and the program Matrix
MEDICAL TEAM			
JOSE ROSTRATA EZRA	Medical Officer IV - ESSD	Provide on-site medical care among the participants	Daily health monitoring logs.
CRISEL P. VIRAY	Nutritionist-Dietitian II - ESSD	Ensure the availability of medical supplies and the nutritional needs of participants.	Inventory reports and replenishment needs. Coordinated meal plans.
STEPHANIE CARLOS M.	Casual - Nurse II	Provide first aid and immediate treatment for any emergencies	Incident reports and prevention reminders among the participants.
REGISTRATION/ LOGISTICS TEAM			
JEWEL SOLIMAN RICHELLE	Technical Assistant II - ESSD	Handle participant registration, distribution of	Compile registration list and daily attendance.



Republic of the Philippines
Department of Education
 REGION III-CENTRAL LUZON

		kits and materials.	
MARIE LINDSEY R. SUSI	Technical Assistant I – ESSD	Coordinate venue arrangements, room assignments, layout and equipment set up.	Compile certifications and evaluation tools.
LEARNER RIGHTS AND PROTECTION			
GINNO JHEP A. PAQUING	Project Development Officer IV - ESSD	Ensure the protection, and safety of all participating learners and oversee the compliance with Child Protection Policies and Guidelines.	Verified parental consent forms and learner participant consent forms.
EUNICE A. DAVID	Technical Assistant II - ESSD	Monitor learner behavior interaction and gender-sensitive assistance during sessions.	Learner safety monitoring logs, incidents, and observations.
REGIONAL AND DIVISION RESOURCE SPEAKERS/FACILITATORS			
GINNO JHEP A. PAQUING	Project Development Officer IV - ESSD	Serves as the resource speaker for the topic Empowering Adolescents through SSLG/SELF.	Presentation slides, learning materials and session guide.
ANDRYLYN A. ROLLE	Trained Peer Health Navigator – SDO Nueva Ecija	Facilitate the training activity and breakout session.	Presentation slides, learning materials and session guide.
ILONA I. GARCIA	Trained Peer Health Navigator – SDO San Jose City	Provide synthesis, and insights during ARH training.	Presentation slides, learning materials and session guide.



Republic of the Philippines
Department of Education
REGION III-CENTRAL LUZON

Annex B.

PARENTAL CONSENT WAIVER and RELEASE

I, _____, as the parents or legal guardian of _____, hereby acknowledge that I have been informed of the details of the **NAVIGATING WELLNESS: REGIONAL CAPACITY-BUILDING ON CHILD AND ADOLESCENT REPRODUCTIVE HEALTH** and hereby state/declare that:

1. I give Full Consent for our child/ward _____ to participate in the Navigating Wellness: Regional Capacity-Building on Child and Adolescent Reproductive Health to be conducted by the Education Support Services-Health and Nutrition Unit (ESSD-HNU) of the Department of Education (DepEd) Regional Office III on November 25 to 28, 2025 at Anne Raquels Hillside Resort and Hotel, New Cabalan, Olongapo City, Zambales.
2. I acknowledge that I have been informed of the details of the conduct of the Navigating Wellness: Regional Capacity-Building on Child and Adolescent Reproductive Health;
3. I understand that my child/ward'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 of transmission of any communicable disease, notwithstanding the precautions undertaken by the implementing team to avoid such transmission;
4. I acknowledge that our child's participation in this activity is completely voluntary and he/she may decline to participate at any time for any reason. While there remains the risk of possible transmission of any communicable diseases to my child/ward, and to the members of my household, I freely assume the said risk and I permit my child/ward to attend this activity;
5. To the best of my knowledge, my child/ward is in good physical condition, and I confirm that he/she does not have any symptoms for communicable disease;
6. I will not allow our child/ward to participate in the Navigating Wellness: Regional Capacity-Building on Child and Adolescent Reproductive Health if he/she 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/ward to attend the Navigating Wellness: Regional Capacity-Building on Child and Adolescent Reproductive Health, if he/she or any members of my household test positive for any communicable disease;
7. I give full permission in any recording or picture taken of my child/ward during the conduct of Navigating Wellness: Regional Capacity-Building on



Republic of the Philippines
Department of Education
REGION III-CENTRAL LUZON

Child and Adolescent Reproductive Health and to use for purposes of documentation my child's/ward's images, contribution, or performance in any publication created by or for DepEd RO3 and to release this material to DepEd RO3 official platforms in accordance with the provisions of Republic Act No. 10173 otherwise known as the Data Privacy Act of 2012;

8. I conform/agree to the collection and/or processing of any personal information and data from myself and my child/ward, that are necessary to successfully host the Navigating Wellness: Regional Capacity-Building on Child and Adolescent Reproductive Health event, in accordance with the provisions of Republic Act No. 10173 otherwise known as the Data Privacy Act of 2012;
9. I agree and understand the commitment of my child/ward as a participant and will support his/her endeavor to meet the expectations, guidelines, and responsibilities with his/her fellow participants and to DepEd;
10. 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 DepEd relative to the conduct of the activity;
11. With full understanding, I hereby freely and voluntarily give my consent to my child/ward's participation in the activity. I also attest that I had sought the views of my child and he/she has expressed a willingness to participate in the activity; and
12. By signing below, I acknowledge and represent that I have read this document, took time to understand it, and eventually sign it voluntarily as my own free act and deed.

Signed this _____ day of _____ 2025 at _____, Philippines.

Signature over Printed Name of
Parent/Guardian

Contact Details (Mobile Number)

Name of Child/Ward

Date

Address

Home/Mobile Number



Address: Matalino St. D.M. Government Center, Maimpis,
City of San Fernando (P)
Telephone Number: (045) 598-8580 to 89
Email Address: region3@depd.gov.ph
Website: <https://region3.depd.gov.ph>





Republic of the Philippines
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REGION III-CENTRAL LUZON

Annex C.

LEARNER-PARTICIPANT CONSENT, WAIVER, INDEMNITY, and RELEASE

1. I, _____, agreed to participate with the consent of my parents and/or legal guardian in the **NAVIGATING WELLNESS: REGIONAL CAPACITY-BUILDING ON CHILD AND ADOLESCENT REPRODUCTIVE HEALTH** to be conducted by the Education Support Services-Health and Nutrition Unit (ESSD-HNU) of the Department of Education (DepEd) Regional Office III on November 25 to 28, 2025 at Anne Raquels Hillside Resort and Hotel, New Cabalan, Olongapo City, Zambales.
2. I give permission to the DepEd and its representatives to make recordings of my voice and to take photographs and/or videos in which I appear in, to be used for the communications and various public campaigns of the Agency be it in print, broadcast, and/or electronic media, at the event and location stated above subject to limitations of applicable and relevant laws, rules, and regulations;
3. I conform/agree to the collection and/or processing of any personal information and data, that are necessary to successfully host the Navigating Wellness: Regional Capacity-Building on Child and Adolescent Reproductive Health event, in accordance with the provisions of Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012;
4. I have read and understood completely the accompanying letter and information leaflet, and therefore know the purpose of the project/activity and my participation therein; and
5. With full understanding, I hereby freely and voluntarily give my consent to my participation in the activity.

Signature over Printed Name of
Learner-Participant

Name of School

Age

Date

Address

Home/Mobile Number