



Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF VIGAN CITY

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

No. 712, s. 2025

**PARTICIPANTS TO THE REGIONAL ADOLESCENT REPRODUCTIVE
HEALTH SUMMIT 2025**

TO: School Heads of ISNHS, VNHSE and VNHSW
Selected SSLG Officers of ISNHS, VNHSE, VNHSW
Registered Guidance Counselor of ISNHS
All Others Concerned

1. In reference to the Regional Memorandum No. 1220 s, 2025 on the *Regional Adolescent Health Summit 2025*, through the Department of Education Regional Office 1 of Education Support Services Division-School Health Section (ESSD-SHS), will conduct the *Regional Adolescent Health Summit 2025* on **October, 8-10 2025** at **J & V Hotel & Resort, Sevilla Center, San Fernando City, La Union**.

2. The summit aims to deepen participant's understanding of adolescent sexual and reproductive health issues, develop effective strategies to prevent teenage pregnancy, strengthen support systems for pregnant adolescents and young parents and promote responsible decision-making regarding sexual and reproductive health.

3. The participants of the summit are the following:

NAME	POSITION	SCHOOL/OFFICE
NadiaMarie Adcapan, RGC	Guidance Coordinator III	ISNHS
Kiella Brizel Frando	SSLG President	ISNHS
Ericson Alambat	SSLG President	VNHSE
Xyrelle Darwin Rutab	SSLG President	VNHSW

4. All participants are required to secure a signed authority to travel. Participant-learners must also submit a parental consent form signed by either a parent or guardian upon registration at the venue. A copy of the consent form is attached as **Annex B**.

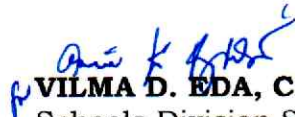
5. Participants are expected to arrive at the venue on October 8, 2025. Check-in will begin at 2:00 PM, with dinner as the first meal to be served. Check-out will be on October 10, 2025, at 12:00 PM, with breakfast as the last meal to be served.

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



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7. For inquiries please contact, *Mr. Amante C. Ofiana, Jr. Technical Assistant II* through email at amante.ofiana@deped.gov.ph or by phone at **09517349662**.
8. Enclosed is the copy of the memorandum for reference.
9. Immediate dissemination of this Memorandum is desired.


VILMA D. EDA, CESO V
Schools Division Superintendent





Republic of the Philippines
Department of Education
REGION I



REGIONAL MEMORANDUM

No. 1220 s. 2025

**PARTICIPANTS FOR THE REGIONAL ADOLESCENT REPRODUCTIVE HEALTH
SUMMIT 2025**

To: Schools Division Superintendents
Division School Health Personnel

1. Pursuant to the Department of Education's mandate to strengthen adolescent health and well-being, the DepEd Regional Office I, through the Education Support Services Division – School Health Section, shall conduct the Regional Adolescent Reproductive Health (ARH) Summit 2025 on October 8–10, 2025, at J&V Hotel and Resort, Diversion Road, Sevilla, City of San Fernando, La Union.

2. This summit aims to:

- Deepen participants' understanding of adolescent sexual and reproductive health issues;
- Develop effective strategies to prevent teenage pregnancy;
- Strengthen support systems for pregnant adolescents and young parents; and
- Promote responsible decision-making regarding sexual and reproductive health.

3. The following participants have been pre-identified and confirmed their attendance:

(See Annex A for the complete list of participants by Schools Division Office.)

4. Participants are expected to arrive at the venue on October 8, 2025. Check-in will begin at 2:00 PM, with dinner as the first meal to be served. Check-out will be on October 10, 2025, at 12:00 PM, with breakfast as the last meal to be served.

5. Requests for changes in participants or representatives, 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. Travel and other incidental expenses of the participants, including learners, shall be charged against the downloaded 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. For inquiries or further information, please contact: Mr. Amante C. Ofiana Jr.
Technical Assistant II Education Support Services Division – School Health Section
Email: amante.ofiana@deped.gov.ph Mobile: 0951-734-9662



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

For the Regional Director

OSCAR P. FLORES
Chief Education Supervisor
Quality Assurance Division

Encl: As stated
Reference: RM_No.1152 s.2025
To be indicated in the Perpetual Index
under the following subjects:

LEARNERS
SEMINARS
SEXUALITY EDUCATION

ESSD/mgp/RM_ParticipantsForTheRegionalARHSummit2025
September 11, 2025



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Annex A.

SCHOOLS DIVISION OFFICE	NAME	DESIGNATION
ILOCOS NORTE	1. IRZLEI ARELLANO	Learner
	2. JHON DAVE LORENZO	Learner
	3. MA. THERESE GANAL	Learner
	4. JAMAICA COLOBONG	Learner
	5. MARYJOY AGRIPIA B. ESTAVILLO	Nurse II
	6. LILIBETH A. SACRO	Nurse
ILOCOS SUR	1. KHIRK LINUS ASUNCION GERONA	Learner
	2. HANNA LERIECA RIVAD	Learner
	3. SAICY UBALDO	Learner
	4. JOHN ACE D. SALOM	Learner
	5. ROSE ANNE R. BARRIENTOS	Nurse II / ARH FOCAL
	6. JANICE P. CABARLOC	Guidance Counselor III
LA UNION	1. JOSHUA ROMM G. PARTIBLE	Learner
	2. MARIANE MARCELINO	Learner
	3. ARVIE DRIE P. ANDRADA	Learner
	4. ALYANNA MARA P. RUALO	Learner
	5. CLARISSA M. SONZA	Nurse II
	6. JOY ESLAVA BUGAOAN	RGC
PANGASINAN I	1. ANDREI JAN A. GARCIA	Learner
	2. KEITHLYN E. OIGA	Learner
	3. ERLINDA T. MANINGDING	Learner
	4. LEWIS ALLEN S CASTRO	Learner
	5. JUDY R. CASUPANG	Nurse II
	6. BLESSA ANGELA P. ZULUETA	Nurse II
PANGASINAN II	1. GEORGE MICHAEL S. JAVIER	Learner
	2. RHYANNA PATRIZZE B. MENDOZA	Learner
	3. MA. GLEN MAY S. AGUINALDO	Learner
	4. LANCE PATRICK L. RICO	Learner
	5. GRAZELLE S. TABAYOYONG	Nurse II
	6. MA. ELENA J. ESTERON	Guidance Counselor III
ALAMINOS CITY	1. SABRINA B. TIZON	Learner
	2. JANILYN C. TAMAYO	Learner
	3. LUIS ANDRE L. CARAMBAS	Learner
	4. JENNALYN B. ORLANDA	Nurse II
BATAK CITY	1. HALEIGHNA JAM P. ADINA	Learner
	2. DAN RHEYAN B. BIRGINIAS	Learner
	3. D WESLEY T. SAYMO	Learner
	4. ELSIE A. GONZALES	Nurse II
CANDON CITY	1. JOHN VICTOR GACUTAN	Learner
	2. CHERYLYN A. AGUSEN	Learner
	3. LLOYD S. GARGAR	Learner
	4. VIENNA VENUS V. EGALLA	ARH Division Coordinator/ Nurse II

DAGUPAN CITY	1. JHAEZMINE NICOLE GARCIA	Learner
	2. TRISH LORAIN A. PLANOS	Learner
	3. MARK ANTHONY CABANLIG	Learner
	4. JOZZANA PERALTA-BASTO	Nurse II
LAOAG CITY	1. DAWN ASHLEY Z. ARQUELADA	Learner
	2. DANIELLA JHADE G. ROSALES	Learner
	3. JOSIAH JOSHUA B. ANDRADA	Learner
	4. ROSALIE O. LINGALING	Guidance Coordinator III
SAN CARLOS CITY	1. CARL ERNEST V. CANCINO	Learner
	2. ERICEL FRANZA PEREZ	Learner
	3. NATHASIA P. BELTRAN	Learner
	4. SHIELA C. DULAY	Nurse II
SAN FERNANDO CITY	1. VANESSA C. MISANES	Learner
	2. ARNEL G. MENDEVIL JR.	Learner
	3. VINCEL DELA CRUZ	Learner
	4. JENIE VIVA C. ANDRADE	ARH Division Coordinator/ Nurse II
URDANETA CITY	1. IRISH G. BALINGUE	Learner
	2. ERIKA JANE G. SAGUIPED	Learner
	3. JM P. MENDOZA	Learner
	4. VELLADONNA V. AMANSEC	Nurse II
VIGAN CITY	1. XYRELLE DARWIN RUTAB	Learner
	2. ERICSON PURUGGANAN ALAMBAT	Learner
	3. KIELLA BRIZEL A. FRANDO	Learner
	4. NADIA MARIE A. ADCAPAN	Guidance Coordinator III



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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 ADOLESCENT REPRODUCTIVE HEALTH SUMMIT 2025**, that will be held on **October 8-10, 2025 at J&V Hotel and Resort, Diversion Road, Sevilla, 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.



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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 October 8 to 10, 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.*



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