



Republic of the Philippines
Department of Education
 NEGROS ISLAND REGION
 DIVISION OF SAGAY CITY

OCT 08 2025

DIVISION MEMORANDUM

No. 623 s. 2025

HEALTHIER HORIZONS: FUELING HEALTH, CHILD PROTECTION AND CAREER GUIDANCE IN SECONDARY SCHOOLS

To: Asst. Schools Division Superintendent
 Chief Education Supervisors – CID and SGOD
 Public Schools District Supervisors
 Public Elementary & Secondary School Heads
 All Others Concerned

1. In accordance with Republic Act No. 10661 or the National Children’s Month Act, further strengthened by the Presidential Proclamation No. 267, SDO Sagay City through the Learners Formation Division, together with the Metal Health, Adolescent Reproductive Health, and Drug Prevention focal person, and the Division Dentist, in partnership with PESO Sagay City, will conduct a symposium titled “**Healthier Horizons: Fueling Health, Child Protection and Career Guidance in Secondary Schools**” from October – November 2025, in celebration of the National Children’s Month.
2. Participants of the symposium are the Junior and Senior High School learners. The schedule and venue of the symposium for each school are indicated in Enclosure 1, while the Parental Consent Form is provided in Enclosure 2 of this memorandum.
3. It is understood that in the conduct of this activity there shall be no discrimination in the provision of such partnership on account of age, school, gender, civil status, disability, religion or other similar factors, personal circumstances that run counter to the principles of equal opportunity.
4. For more information and guidance, kindly contact Princess Harney C. Basa, PDO I – LFD at 09457281760.
5. Immediate dissemination of this Memorandum is desired.

DANNIE CLARK M. UGUIL
 Assistant Schools Division Superintendent
 Officer-In-Charge
 Office of the Schools Division Superintendent



Enclosure : as stated
 Reference : as stated
 Allotment : N/A
 No. of Pages : _____

To be indicate in the **Perpetual Index** under the following subjects:
 SGOD LRPD



Address: Sitio Chloe, Barangay Rizal, Sagay City, Negros Occidental
 Telephone Number:



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(Enclosure No 1 to Division Memorandum No. 623, s. 2025)

**SCHEDULE OF ACTIVITIES FOR HEALTHIER HORIZON: FUELING HEALTH, CHILD PROTECTION
AND CAREER GUIDANCE IN SECONDARY SCHOOLS**

Date	Time	School	Venue	Focal Person
October 10, 2025	9:00am – 11:30nn	Baviera NHS	Brgy. Baviera Covered Court	Princess Harney Basa Rey Mark Jade Juvi Ann Jadloc Irish Therese Ubamos Marli Piccio Julie Pearl Barrientos Rhizza Faye Barcenilla
	1:30pm – 4:00pm	Bato NHS	Brgy. Bato Covered Court	
October 17, 2025	9:00am – 11:30nn	Sagay City Farm School Jesus Lizares NHS Sagay City Senior High School	Brgy. Rizal Covered Court	
	1:30pm – 4:00pm	Trinidad Lopez De Gonzaga NHS	Brgy. General Luna Covered Court	
October 24, 2025	9:00am – 11:30nn	Colonia Divina IS	Brgy. Colonia Covered Court	
	1:30pm – 4:00pm	Sewahon NHS	Brgy. Sewahon Covered Court	
November 14, 2025	9:00am – 11:30nn	Himogaan Baybay IS	Brgy. Himogaan Baybay Covered Court	
	1:30pm – 4:00pm	Sagay City Ecozone Farm School Eusebio Lopez Memorial IS	Brgy. Paraiso Covered Court	
November 21, 2025	9:00am – 11:30nn	Vito NHS	Brgy. Vito Covered Court	
	1:30pm – 4:00pm	Bulanon NHS	Brgy. Bulanon Covered Court	
December 5, 2025	9:00am – 11:30nn	Old Sagay NHS	Brgy. Old Sagay Covered Court	
	1:30pm – 4:00pm	Sagay NHS	Poblacion II Covered Court	



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(Enclosure No 2 to Division Memorandum No. 623, s. 2025)

P A R E N T A L C O N S E N T

I/We hereby willingly and voluntarily give consent the participation of my/our son/daughter _____ in the **Healthier Horizons: Fueling Health, Child Protection and Career Guidance in Secondary Schools** on _____ at _____.

I have considered the benefits that my son or daughter will derive from his/her participation in this activity provided that due care and precaution will be observed to ensure the comfort and safety of my son/daughter and that DepEd employees and personnel may not be held responsible for any untoward incident that may happen beyond their control.

 Signature of Father over printed name

 Signature of Mother over printed name

 Signature of Guardian over Printed name

 (Relationship with the Participant)

Verified by:

 Teacher – Adviser

 Principal/School Head

P A R E N T A L C O N S E N T

I/We hereby willingly and voluntarily give consent the participation of my/our son/daughter _____ in the **Healthier Horizons: Fueling Health, Child Protection and Career Guidance in Secondary Schools** on _____ at _____.

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