MEMORANDUM No. 501 s, 2016

TO : Division Nurses
     Public Schools District Supervisors
     School Heads of Colorado Elementary School
     School Heads of Remedios Saplala Elementary School
     School Heads of Bagumbuhay Elementary School
     School Heads of DICNHS-Igpit HS Annex
     School Heads of DICNHS- Matti HS Annex
     School Heads of Igpit Elementary School

FROM : DEE D. SILVA, DPA, CESO VI
Schools Division Superintendent

SUBJECT : Mass Drug Administration for Schistosomiasis

DATE : September 09, 2016

1. Please be informed of the Schedule of the Mass Drug Administration for Schistosomiasis in the following endemic areas:

<table>
<thead>
<tr>
<th>School</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado Elementary School</td>
<td>September 21, 2016</td>
</tr>
<tr>
<td>Remedios Saplala Elementary School</td>
<td>September 20, 2016</td>
</tr>
<tr>
<td>Bagumbuhay Elementary School</td>
<td>September 23, 2016</td>
</tr>
<tr>
<td>DICNHS-Igpit HS Annex</td>
<td>September 29, 2016</td>
</tr>
<tr>
<td>DICNHS- Matti HS Annex</td>
<td>September 19, 2016</td>
</tr>
<tr>
<td>Igpit Elementary School</td>
<td>September 22, 2016</td>
</tr>
</tbody>
</table>

2. The schools are advised to prepare a Masterlist of the pupils/students for easy facilitation of the activity. Height and weight taking must be done before the schedule of the Mass Drug Administration.

3. The pupils/students are advised to be fed before the administration of the Schistosomiasis drug (Praziquantel).
5. Please submit a report after the Mass Drug Administration to the Division Office
   Attention: DAISSY JANE P. SANONY, RN Health and Nutrition Section.

6. Please see attachment for additional information.

7. For information and compliance.
NOTIFICATION LETTER

DIVISION: 
SCHOOL: 
ADDRESS: 
DATE: 
STUDENT'S NAME: 
STUDENT'S ADDRESS: 
NAME OF PARENT/GUARDIAN: 

Dear Parent/Guardian:

This school as a Public Elementary/Secondary School will conduct the following health services to the children in coordination with the Department of Health (DOH) and the Local Government Unit (LGU):

☐ General Health Examination and appropriate Intervention
☐ Oral Health Examination and appropriate Intervention
☐ Nutritional Status Assessment and appropriate Intervention
☐ Mass Drug administration
  ☐ Worms
  ☐ Schistosomiasis (only in endemic areas)
  ☐ Filariasis (only in endemic areas)
☐ Iron Supplementation (as per DOH recommendation)
☐ Immunization
  ☐ Grade 1 (MCV, Td)
  ☐ Grade 4 (HPV) (Davao Oriental only)
  ☐ Grade 7 (Td, MR)

This Notification is being issued to you as information of the activity that will be conducted on SY 2015-2016. Should you have further questions/clarifications on this matter, please get in touch with Principal/School Head.

Thank you.

Very truly yours,

(Name of Principal/School Head)

ACKNOWLEDGMENT AND CONSENT

This is to acknowledge receipt of the Notification Letter regarding the conduct of free school-based health services.

I have read and understood the information regarding the intended health services to be given to my child.

( Please check in the box provided)

☐ Yes, I will allow my child to be provided the health services as per DOH recommendation
☐ Yes, I will allow but only for these services: _______________________________________________________________________
☐ No, I will not allow my child to receive the health service benefits. Reason (Please specify): _______________________________________________________________________

Allergy: (Please specify)

☐ Food: _______________________________________________________________________
☐ Medicines: _______________________________________________________________________
☐ Previous Immunization: _______________________________________________________________________
☐ Other Illnesses: _______________________________________________________________________

Name and Signature of Parent/Guardian: ________________________________