Republic of the Philippines

Department of Education

Region XI

City Schools Division of Digos City

City of Digos

Office of the City Schools Division Superintendent Tel. No. (082)553-8375:553-8376

Fax No. (082)553-8396

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

DepEd Schools Division of Digos
RELEASED
8550
Date: SEP 13 2016 Time:
By:

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:

School	Date
Colorado Elementary School	September 21, 2016
Remedios Saplala Elementary School	September 20, 2016
Bagumbuhay Elementary School	September 23, 2016
DICNHS-Igpit HS Annex	September 29, 2016
DICNHS- HS Annex	September 19, 2016
Igpit Elementary School	September 22, 2016

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. SANOY, RN Health and Nutrition Section.

6. Please see attachment for additional information.

7. For information and compliance.

Republic of the Philippines
Region __

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

Form 2A

National School Deworming Day
School Level Reporting Form

Province: _____
Division: _____
District: _____
Name of School: _____
School Address: _____
Total Enrolment: _____
Grade Level and Section: _____

Grade Level	No. of Enrolled Children	No. of Children Dewormed.	Total # of 4P's Dewormed	Remarks
Kinder				
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
SPED				
Total				

Accomplished By

_____
School Clinic Teacher/ School NSDD
Date Accomplished: _____

Noted By:

_____
School Principal