MEMORANDUM:

TO:  
SDO Chief's (CID & SGOD)  
Public Schools District Supervisors  
Elementary and Secondary School Heads  
IHCP Coordinators

FROM:  
SOCORRO V. DELA ROSA, CESO V  
Schools Division Superintendent

SUBJECT: NATIONAL SCHOOLS DEWORMING DAY (NSDD) SY: 2019-2020

DATE: July 9, 2019

1. This is to inform that the schedule of the National Schools Deworming Day (NSDD) SY: 2019-2020 pursuant to DepEd Memorandum no. 28, s. 2007 will be on July 22, 2019.

2. In this regard, a coordination meeting with the Elementary and Secondary IHCP School Coordinator will be held on July 16, 2019 @ SDO, Hall A.

   AM (8:00 AM - 12:00 Noon) - Zone 1 & Zone 4
   PM (1:00 PM - 5:00 PM) - Zone 2 & Zone 3

3. The deadline of the submission of IHCP Forms in the SDO o/o Health & Nutrition Section is on or before August 2, 2019, strictly.

4. Travel & other incidental expenses will be chargeable against school funds subject to the usual accounting and auditing rules & regulation.

5. Please prepare Notification Letter and Data Privacy Forms on time of the schedule deworming day. No forms, no deworming. Deworming Tablets will be also distributed per zone.

6. Attached is a copy of the Notification Letter.

7. For strict compliance & widest dissemination please.
NOTIFICATION LETTER

SCHOOL: ____________________________  Town: ____________________________
STUDENT'S NAME: ____________________________
STUDENT'S ADDRESS: ____________________________
NAME OF PARENT/GUARDIAN: ____________________________
GRADE LEVEL and Section: ____________________________  Date: ____________________________

Dear Parent/Guardian:

As part of DepEd's Health Programs, the school will conduct series of free school-based health services to the children in coordination with the Department of Health (DOH) and the Local Government Unit (LGU). This is to acknowledge the receipt of the Notification Letter regarding its conduction.

Please read and understand the information below and mark your consent in concerning the intended health services to be given to your child.

- Yes, I will allow my child to be provided with the health services as per DOH recommendation.
- Yes, I will allow my child but only for these services ____________________________
- No, I will not allow my child to receive the health service benefits because ____________________________

*Free school-based health services:

- Medical and Nursing Health Examination,
- Oral Health Examination and appropriate intervention
- Mass Drug Administration:
  - DeWorming (1st Round JULY; 2nd Round JANUARY)
  - Weekly Iron & Folic Acid (WIFA)
  - Immunization
    - Grade 1 (MCV, Td)
    - Grade 4 (HPV)
    - Grade 7 (Td, MR)

This notification is being issued to you as information of the activity that will be conducted in SY 2019-2020. Should you have further questions/classifications on this matter, please get in touch with the Principal/School Head. Thank You.

__________________________
Parent/Guardian (Full Name with Signature)