



Republic of the Philippines
Department of Education
 REGION VII – CENTRAL VISAYAS
 SCHOOLS DIVISION OF NEGROS ORIENTAL

Office of the Schools
 Division Superintendent

DIVISION MEMORANDUM
 No. 848 s, 2023

27 NOV 2023

Barkada Kontra Droga (BKD) Peer Support & Kumustahan!

To: Assistant Schools Division Superintendent
 Chief, CID and SGOD
 Public Schools Supervisors
 All Public-School Heads Concerned
 All BKD District Coordinators Concerned
 All Others Concerned

1. Pursuant to RA 9165- "Comprehensive Dangerous Act of 2002" is designed as preventive education and information to counter the dangers and information program to counter the damages and disastrous effects of drug abuse. This Office through the Youth Formation Division (YFD) will conduct the *Barkada Kontra Droga (BKD) Peer Support & Kumustahan!* on **November 28, 2023 (8:30 am – 5:00 pm) at Sea Dreams Resort, Dauin Negros Oriental.**
2. This aims to provide training to teachers and learners that will enable them to enhance their life skills which relate to the prevalence of drug abuse. Moreover, this activity will motivate participants on how they can encourage and mentor their learners and co-learners to strengthen and be more active in Barkada Kontra Droga activities in their school and community.
3. In this regard, the participants to this activity are **all District Federated SSLG Presidents and District BKD Presidents with their BKD District Coordinator or BKD Teacher-Adviser/Representative**, who will serve as the chaperon of the learners and teacher-participant.
4. In addition to the abovementioned participants, the Youth Formation Unit hereby requests the LearnCon PH 2023 SDO Negros Oriental delegates to join & participate in the said activity.

No.	Name	Designation	School/District
1	Bencci Berg Guitierrez	DRRM Learners Advocate	Dauin NHS

Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City
 Telephone Nos.: (035) 225-2838 / 225-2376 / 422-7644



DepEd TAYO SDO Negros Oriental



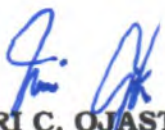
negros.oriental@deped.gov.ph



www.depednegor.net

2	Jameika Santinna Bailado	Health Related Learner Advocate	Demetrio Alviola NHS
3	Mark Mayagma	Sports Learner Advocate	Mabinay NHS
4.	Rex Anthony Rombines	Learner's Right & Protection Advocate	La Libertad Technical Vocational School

5. Student participants are required to submit their original parents' consent, waiver, during the said activity (please see Annex B).
6. Participants are enjoined to participate and encourage to cascade this activity to their respective schools and districts. School heads are reminded to ensure that no classes shall be disrupted due to the attendance of teachers and students to this activity.
7. Furthermore, attached is the list of Technical Working Group (TWG) members and facilitators of the activity (please see Annex A).
8. Meals (Lunch, AM/PM Snacks, Dinner) of TWG and all participants shall be charged **against Provincial Special Education Fund (SEF)**, while traveling and other incidental expenses of the TWG and participants shall be charged against Division/School MOOE and other local funds. All are subject to the usual accounting and auditing rules and regulations.
9. For clarifications, questions, and concerns, please coordinate with Engr. Erwin Pinuto, PDO-1 YFC at 09267259083, Jeylene E. Cerial, PDO-1 YFC at 09067468164 and Jerry Mar B. Vadil at 09606747867.
10. Please refer to the enclosure of this memorandum for activity matrix and other details.
11. Immediate dissemination of this Memorandum is desired.


NERI C. OJASTRO, EdD CESE
 Schools Division Superintendent
 11/20/2023

Program Matrix

DATE	TIME	ACTIVITIES	TOPICS	RESOURCE SPEAKERS / FACILITATORS
Nov 17, 2023	7:30 AM to 5 PM	CORE Group Meeting in preparation for the Activity		
Nov 28, 2023	7 AM to 8:00 AM	Arrival and Registration Breakfast		Ma. Lourdes C.Patajo
	8:00 AM to 9: 00 AM	Opening Program/Preliminaries		Host: Egilou Gabo
	9:00 AM to 10:00 AM	Seminar/Workshop	The Science Behind Drug Addiction	Ms. Christine Joy M. De-ita/ Mr. Reynald C. Dote
	10:00 AM to 11: 30 AM	Seminar/Workshop	Drug Prevention/ Education	Mr. Kenneth Misamis and Mr. Mark Lester Amolo
	11:30 AM to 12 NN	Open Forum		
	12 NN to 1 PM	LUNCH BREAK		
	1 PM to 3 PM	Seminar	Juvenile Justice System RA 9344 RA 10630 RA 9165 Open Forum	Atty. Marjorie Porcina
	3 PM to 4:30 PM	Workshop/ Presentation and Feedbacking		Egilou Gabo & Rowell Mora
	4:30 PM to 5 PM	<ul style="list-style-type: none"> • QATAME survey • Closing 		

Annex A

TECHNICAL WORKING COMMITTEE MEMBER

Chairperson:

Rachel B. Picardal, EdD
Chief, SGOD

Division Facilitator/s:

Jeylene E. Cerial
PDO I – DYFC
Erwin C. Pinuto
PDO I – DYFC
Jerry Mar Vadil
PDO I – DYFC

Provincial School Board:

Vanessa V. Equia
PSB Secretary

YFP Core Member/s:

Reynald C. Dote
Teacher 2, Boloc-Boloc ES
Rowell S. Mora
Teacher 2, DLANHS
Edgilou L. Gabo
Teacher 3, Siaton NHS
Christine Joy M. De-ita
T3 - Mabinay Science HS
Ma. Lourdes C. Patajo
T3 - Jimalalud NHS

Legal Personnel:

Atty. Eduardo Sedillo
Legal Officer

Division Health Personnel:

Mark Lester Amolo
Nurse II
Kennith Misamis
Nurse II



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(Annex B)

Consent, Waiver, Indemnity and Release
(To be completed by Young Person and Parent/Guardian)

Part A: To Be Completed by the Child

I agree to participate in the activity with the following details:

Production Name/Project Title: Barkada Kontra Droga (BKD) Peer Support & Kumustahan!

Location/Online Platform: Sea Dreams Resort, Dauin, Negros Oriental

Date and Time: November 28, 2023

I agree to give permission to the **Department of Education (DepEd)** and its representative to make recordings of my voice and to take photographs and/ or videos in which I appear in at the event and location stated above, to be used for the communications and various public campaigns of the Department be it in print, broadcast and/or electronic media.

I have read and understood the accompanying letter and information leaflet. For things I don't understand, I will ask my Parent/Guardian to clarify the objective of the activity for me.

I know the purpose of the project/activity and the part I will be involved in. I know that DepEd and its representative are not allowed to use the information about me in any form that might harm my rights and well-being.

Name: _____

Signature: _____ Age: _____





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Part B: To Be Completed by the Parent/Guardian

As the parent/guardian of _____, I hereby allow him/her to participate in the following:

Production Name/Project Title: Barkada Kontra Droga (BKD) Peer Support & Kumustahan!

Location/Online Platform: Sea Dreams Resort, Dauin, Negros Oriental

Date and Time: November 28, 2023

I acknowledge that the DepEd will own all rights to his/her images and recording made during the activity. DepEd and its representatives will have the right to use, display, exhibit, reproduce, distribute, and create derivative works of these images and recordings in any media now known or later developed.

As the parent, I understand my roles and responsibility to explain what this consent form is about to the child and ensure that his/her privacy and identity rights are protected and acknowledged accordingly.

As the parent/guardian, I hereby waive any right to inspect or approve the use of the images or recordings or of any written derivatives. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the materials.

As the parent/guardian, I hereby release, defend, indemnify and hold harmless the DepEd and its representatives from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials including, but not limited, claims of defamation, invasion of privacy, rights of publicity, copyright infringement, any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or maybe produced in taking, processing, reducing or producing the finished product, its publication or distribution.

I, _____, have legal authority to enter this contract. I have read this document before signing below and I fully understand the contents, meaning and impact of this consent, waiver, indemnity, and release.

This consent, waiver, indemnity, and release is binding on me, my heirs, executors, administrators, and assigns.

Parent/Guardian Name: _____ Signature: _____

Date: _____ Address: _____

Home Phone: _____ Mobile Phone: _____



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Email Address: negros.oriental@deped.gov.ph