



Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION
Schools Division of Tabuk City

**DIGITALLY
RELEASED**

DATE: October 26, 2026
TIME: 10:49 a.m.
BY: Kristine Keith M. Ambatang

SDO TABUK CITY
— RECORDS UNIT —

Reference Number: RU-2026-105

October 23, 2026

DIVISION MEMORANDUM

No. 486, s.2026

ANTI-SMOKING AWARENESS PROGRAM

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

1. The Schools Division Office of Tabuk City, through the Schools Governance and Operations Division (SGOD), in partnership with the Local Government Unit (LGU) of Tabuk City, will conduct the Anti-Smoking Awareness Program on November 21, 2026, with the theme "Wag Magpaloko sa Vape at Sigarilyo."
2. The activity aims to educate learners on the health risks associated with smoking and vaping, discourage the initiation of tobacco and nicotine use, and strengthen student leadership and advocacy for smoke-free and healthy school environments.
3. The activity shall consist of the following components:
 - a. **Leadership Seminar/Workshop.** This shall be conducted at **Golden Berries Hotel, San Juan, Tabuk City, Kalinga** with the participation of two (2) **representatives** from the **Barkada Kontra Bisyo (BKB) student officers of each secondary and integrated school**. The seminar/workshop shall strengthen the knowledge, leadership capacities, and advocacy skills of student leaders in promoting anti-smoking and anti-vaping initiatives.
 - b. **Advocacy Contests on Smoking and Vaping Awareness.** The contested events shall be conducted at the **City Gymnasium, Dagupan, Kalinga**. **Each District** shall submit **one (1) entry for each contested event**, subject to the prescribed mechanics and guidelines.

The contests shall include the following:

- i. **Online Infomercial**
- ii. **Poster Painting**
- iii. **Slogan Making**
- iv. **Spoken Poetry**



Address: Bulanao Central School Cmpd., Purok 2, Bulanao Norte, Tabuk City, Kalinga
Email: tabuk.city@deped.gov.ph
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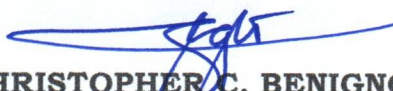


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For the mechanics, guidelines & prizes of the contested events, please scan the QR code below.



4. The concerned school heads, teacher-advisers, and School-Based Project Development Officers shall ensure the participation of qualified representatives and contestants. They shall coordinate with their respective Public Schools District Supervisors regarding the submission of entries and other requirements.
5. All identified learner-participants are required to submit the duly accomplished and signed Parent/Guardian Consent Form and Learner Consent, Waiver, Indemnity, and Release Form prior to departure for the activity. The respective BKB advisers and school heads shall ensure that these documents are properly accomplished, signed, and kept on file at the school for documentation and verification purposes. Learners who fail to submit the required documents shall not be allowed to travel or participate in the activity. STRICTLY NO CONSENT, NO TRAVEL.
6. For queries and concerns, kindly contact **Shyndel Cherubine S. Aguilar**, Division Youth Formation Coordinator, through 09752320415 or shyndel.salida@deped.gov.ph.
7. Immediate dissemination of and compliance with this Memorandum is desired.


CHRISTOPHER C. BENIGNO PhD, EdD, CESO VI
OIC - Schools Division Superintendent 

- a. Enclosure No. 1: Parental Consent Form
 - b. Enclosure No. 2: Learner Consent, Waiver, Indemnity and Release
- sgod/yfd/sca/18October2026



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Enclosure No. 1

PARENTAL CONSENT

I, _____, as the parent or legal guardian of _____, hereby acknowledge that I have been informed of the details of the conduct of **“Anti-Smoking Awareness Program” that will be held on November 21, 2026, at the Golden Berries Hotel, San Juan, Tabuk City, Kalinga.**

I understand that my child’s in-person attendance at the event will include associating with teachers, fellow learners and school personnel, and other persons inside and outside of the school that may put my child at risk of transmission of any communicable disease, notwithstanding the precautions undertaken by the implementing team.

Voluntary Participation

I acknowledge that my child’s participation in this activity is completely voluntary. My child may decline to participate or withdraw from participation at any time for any reason. Declining or withdrawing participation will not result in any penalty or loss of benefits or reduction of any basic right to which my child is entitled. While there remains the risk of possible transmission of any communicable disease to my child/ren, and to the members of my household, I freely assume the said risk, and I permit my child/ren to attend this activity.

Exclusion (Limitations/Ineligibility)

I am aware that symptoms of any communicable disease include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, the new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.

I confirm that my child currently has none of those symptoms and is in good health. I will not allow my child to physically go to the event if my child or any member of my household develops any of the said symptoms or any other symptoms of illness that may or may not be related to any communicable disease. I will also inform the school/division and not allow my child to attend the event if my child or any of my household members test positive for any communicable disease. My child/ren and I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and community.

Documentation

I confirm that I give full permission to any recording or picture taken of my child during the conduct of this event and to use some or all of my child’s images/contribution/performance in any publication (including electronic publications such as film or website) created by or for the Department of Education (DepEd) -Schools Division of Tabuk City official platforms.



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Confidentiality

I am aware that any information that will be given during the activity will be kept strictly confidential, and personal information will be treated in accordance with the Republic Act 10173, Data Privacy Act of 2012. I am assured that the information about my child will not be shared outside of the implementation team. My child's name will not be used when data from this activity is analyzed.

I hereby confirm that I agree and understand the commitment of my child as a participant. I also understand and will support my child's endeavor to meet the expectations, guidelines, and responsibilities to his/her fellow participants and to DepEd.

To the extent allowed by law and rules, I hereby agree to waive, release, and discharge all claims, causes of action, damages, and rights against the school/division and its personnel as well as officials and personnel of the Department of Education SDO Tabuk City relative to the conduct of the activity.

With full understanding, I – on behalf of myself, my household members, and my child/ren – hereby freely and voluntarily give my consent to my child's participation in the activity. I also attest that I had sought the views of my child, and he/she has expressed a willingness to participate in the activity.

CONTACT DETAILS FOR QUESTIONS OR PROBLEMS

For any concerns or clarification, you may contact the SDO Tabuk City, SGOD-YF through the email address shyndel.salida@deped.gov.ph or through cellphone number 0975 232 0415.

_____ Signature of Parent/Guardian over Printed Name	_____ Contact Details (Mobile Number)
_____ Name of Child/ren	_____ Date



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Enclosure No. 2

LEARNER CONSENT, WAIVER, INDEMNITY and RELEASE

(To be completed by the Learner)

I, _____, agreed to participate with the consent of my parents and/or legal guardian in the Anti-Smoking Awareness Program” that will be held on November 21, 2026, at the Golden Berries Hotel, San Juan, Tabuk City, Kalinga.

I agree to give permission to the Department of Education (DepEd) – Schools Division of Tabuk City – Youth Formation and its representatives to make recordings of my voice and to take photographs and/or videos in which I appear 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 do not 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 of Learner	Name of School
_____	_____
Age	Date



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