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Republic of the Philippines
Department of Health
CAGAYAN VALLEY CENTER FOR HEALTH DEVELOPMENT

DepEd-SDO Batanes
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DOH CAGAYAN VALLEY CHD
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Date: 7/24/24

July 24, 2024

ALFREDO B. GUMARU JR. EdD, CESO V
School Division Superintendent
School Division Office Batanes
Basco, Batanes

ATTENTION: GRENT DALE CALOSA
Nurse Coordinator

Dear Superintendent Gumaru,

The Cagayan Valley Center for Health Development through the Integrated Helminthiasis Control and Prevention Program would like to disseminate the use of the attached official template of Parent's Consent/Waiver for the implementation of Mass Drug Administration.

This is for the efficient implementation of the said activity among school-aged children ages 1-19 years old in order to attain our goal of at least 85% deworming coverage of eligible population.

For further concerns and inquiries, your staff may contact **Mr. Regie A. Baga, RMT**, IHCP Program Coordinator at **0905-858-2121** or email to **ihcpr22024@gmail.com**.

Thank you very much.

Very truly yours,

AMELITA M. PANGILINAN, MD, MPH, CESO III
Director IV

Republic of the Philippines
Department of Health
CAGAYAN VALLEY CENTER FOR HEALTH DEVELOPMENT

BAGONG PILIPINAS

Petsa:_____

PARENT'S CONSENT/WAIVER

Pinapayagan ko ang aking anak, _____, Grade_____ Section _____ng _____ para tumanggap at uminom ng pampurga (deworming drugs) na isasagawa sa buwan ng Agosto – Setyembre 2024.

_____

Pangalan at Lagda ng magulang

Petsa:_____ _____

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