Republic of the Philippines
Department of Education
Region XII
Schools Division Office of Tacurong City

DIVISION ADVISORY No. 040, s. 2025
October 14, 2025
In compliance with DepEd Order No. 08, s. 2013, this advisory is issued not for endorsement per DO 28, s. 2001 but only for the information of DepEd Officials, personnel/staff, and concerned public.
(visit depedtacurong.org)

INVITATION TO PARTICIPATE AS PART OF 2025 CTAA EMERGENCY RESPONSE TEAM

The Schools Division Office of Tacurong City – School Health and Nutrition Section team is organizing the Division Emergency Medical Response Team (SDTC-ERT) to ensure the safety and well-being of all participants throughout the 2025 City Athletic Association Meet on October 16-18, 2025, which will be held in different venues across the SDO Tacurong City.

This initiative aims to strengthen emergency preparedness and provide on-site medical assistance during the activity hence, the involvement of Basic Life Support (BLS)-trained school personnel and properly oriented junior responders will not only contribute to the success of the event but will also serve as a valuable learning opportunity for the students.

With this, the SDO Tacurong City is inviting the selected BLS oriented/ Trained Junior responders from Tacurong National High School upon the approval of their School head Martin I. Diaz, Principal III, provided that they are voluntarily submitting themselves, supported by a written parental consent and assisted under supervision by Medical Officer III/ Registered Nurse/ Clinic-In-Charge/ School-based medical responder.

Enclosed here are the list of Junior responders and parental consent form. For more information, please contact Dr. Akifa Guindo, Division Medical Officer III at 0968-8651243 or April Jane Duadua,RN at contact No. 0929-5443707.

For your information and guidance.

SDS

Address: Alunan Highway, Poblacion, Tacurong City 9800
Telephone Numbers: (064)-200-6316; 0919-065-6425
Email: tacurong.city@deped.gov.ph
Website: depedtacurong.org

Enclosure1. Selected Basic Life Support Junior Responders

NAME	SCHOOL
AKMAD, RALPH	TACURONG NATIONAL HIGH SCHOOL
OBRA, STEPHANIE RHYNN	TACURONG NATIONAL HIGH SCHOOL
JESRIEL DAVE TALAMOR	TACURONG NATIONAL HIGH SCHOOL
PARIAN, KURT JOHN	TACURONG NATIONAL HIGH SCHOOL
ZERRUDO, RYVHEN JOY	TACURONG NATIONAL HIGH SCHOOL
GONZAGA, VARY	TACURONG NATIONAL HIGH SCHOOL
BETALAC, AMEERA	TACURONG NATIONAL HIGH SCHOOL
DUQUE, BEATRIZ	TACURONG NATIONAL HIGH SCHOOL
SARACAJOGA, JIO	TACURONG NATIONAL HIGH SCHOOL
LAURENCE IVAN ONOR	TACURONG NATIONAL HIGH SCHOOL
PALOMO, SHERLYN	TACURONG NATIONAL HIGH SCHOOL
ELUMBA, MARK REINER	TACURONG NATIONAL HIGH SCHOOL
LAYHA GANI	TACURONG NATIONAL HIGH SCHOOL
SALVADOR, KIAN	TACURONG NATIONAL HIGH SCHOOL
MERCADAL, REYNAN	TACURONG NATIONAL HIGH SCHOOL

Enclosure 2. Parental Consent

PARENTAL CONSENT FORM
Participation as Voluntary Medical Responder
2025 City Athletic Association (CTAA) Meet

Dear Parent/Guardian,

Greetings!

Your child has been invited to serve as a Voluntary Junior Medical Responder under the supervision of School Health & Nutrition Section team and School Based Senior Medical Responders, during the upcoming 2025 City Athletic Association (CTAA) Meet, to be held on October 16-18, 2025, in different venues across SDO Tacurong City.

This activity aims to develop the youth's sense of responsibility, community service, and emergency response readiness under the guidance of trained medical and BLS-certified personnel. As part of the Medical Responder Team, your child will assist in basic first aid, crowd safety, and emergency response under the supervision of licensed health professionals and teachers.

Please read and sign the consent form below to allow your child to participate.

PARENTAL CONSENT

I, _____, the parent/guardian of _____, a student of Tacurong National High School (TNHS), hereby give my full consent for my child to participate as a Voluntary Medical Responder during the 2025 City Athletic Association (CTAA) Meet.

I understand that:

- My child will be supervised by trained and BLS-certified personnel.
- Safety protocols and emergency measures will be observed.
- The organizers will take reasonable precautions to ensure welfare and protection of all participants.
- My child can withdraw his participation anytime as long as he/she will inform the medical team.

I acknowledge that participation is voluntary and primarily for educational and community service purposes.

Parent/Guardian Name: _____
Signature: _____
Date: _____
Contact Number: _____

Student's Acknowledgment:
I, _____, willingly volunteer to serve as a Medical Responder during 2025 City Athletic Association (CTAA) Meet and agree to follow all instructions and safety guidelines.

Student's Signature: _____

Date: _____

Witnessed by:
School Head/Coordinator: _____
Signature: _____
Date: _____