



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region VIII



SCHOOLS DIVISION OFFICE OF CATBALOGAN CITY


DIVISION MEMORANDUM

No. 244 s. 2018

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

FROM: CRISTITO A. ECO, CESO VI
Schools Division Superintendent

For the Schools Division Superintendent:


MA. LUZ I. ORBE
Chief Education Supervisor, CID
7/12/18

SUBJECT: Implementation of Weekly Iron Folic Acid Supplementation to Grade 7-10 Learners

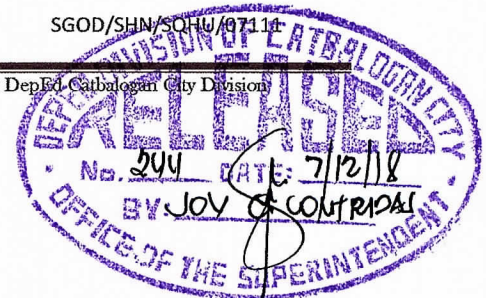
DATE: July 12, 2018

1. Pursuant to Department Memorandum No. 0290 s. 2017 titled “Guidelines on the Weekly Iron Folic Acid (WIFA) Supplementation for Female Adolescent Learners in Public High Schools.
2. In view of this, Grade 7-10 Female adolescent learners in public high schools and in the Alternative Learning System (ALS) are the target recipients for the said activity every July to September (1st round) and January to June (2nd round) for each school year.
3. Teachers/Advisers should produce a master list using the Form 1 and Form 2a of all female recipients of every grade level and section, and secure a duly accomplished parent’s consent prior to the administration of the above mentioned supplement.
4. Further, the Field Public Schools Division Supervisors (PSDSs) for the Secondary Level and ALS Supervisor are requested to strictly submit the **Reporting Form 3D on or before September 3, 2018** to the School Health and Nutrition Unit. Attention: **Sherrydale Queen H. Uy**, WIFA Coordinator.
5. Immediate dissemination and strict compliance with this Memorandum is earnestly desired.

Enclosure:

- Forms 1, 2a, 2b, 3
- Consent form

SGOD/SHN/SCHU/07111



School-based Weekly IronFolic Acid (WIFA) Supplementation

Region: _____
 School ID: _____
 Grade Level: _____

Division: _____
 Name of School: _____
 Section/Classroom: _____

District: _____
 Address: _____
 Number of Female Learners: _____

Reporting Month: _____
 Date: _____
 School Year: _____

No.	Name of Female Learner	Consent*		1st Round				2nd Round				Reason why WIFA is not given (Please indicate)	Remarks	
		Y	N	W1 (Date)	W2 (Date)	W3 (Date)	W4 (Date)	W1 (Date)	W2 (Date)	W3 (Date)	W4 (Date)			
1														
2														
3														
4														
5														
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17														
18														
19														
20														
21														
22														
23														
24														
25														
Total														

***Codes for reasons why WIFA is not given:
 1. not dewormed
 2. on therapeutic treatment for anemia
 3. with persistent/mild reaction like gastric discomfort

Consent Given
 Submitted by: _____
 Class Adviser _____

Date _____
 Grade Level Chairman _____

Date _____

Republic of the Philippines
Region _____

NOTIFICATION LETTER

DIVISION: _____
SCHOOL: _____
ADDRESS: _____
DATE: _____
STUDENT'S NAME: _____
STUDENT'S ADDRESS: _____
NAME OF PARENT/GUARDIAN: _____

Dear Parent/Guardian:

This school as a Public Elementary School will conduct the following health services to the children in coordination with the Department of Health (DOH) and the Local Government Unit (LGU).

- | | |
|--------------------------|---|
| <input type="checkbox"/> | General Health Examination and appropriate intervention. |
| <input type="checkbox"/> | Oral Health Examination and appropriate Intervention. |
| <input type="checkbox"/> | Nutritional Status Assessment and appropriate Intervention. |
| <input type="checkbox"/> | Mass Drug Administration |
| <input type="checkbox"/> | Worms |
| <input type="checkbox"/> | Schistosomiasis (only in endemic areas) |
| <input type="checkbox"/> | Filariasis (only in endemic areas) |
| <input type="checkbox"/> | Iron Supplementation for School-Based Feeding |
| <input type="checkbox"/> | Weekly Iron Folic Acid Supplementation for Adolescent Females |
| <input type="checkbox"/> | Immunization |
| <input type="checkbox"/> | Grade 1 (MCV, Td) |
| <input type="checkbox"/> | Grade 4 (HPV) |
| <input type="checkbox"/> | Grade 7 (Td, MR) |

This notification is being issued to you as information of the activity that will be conducted on SY 2017-2018. Should you have further questions/clarifications on this matter, please get in touch with the Principal/School Head.

Thank you.

Very truly yours,

Name of Principal/School Head

This is to acknowledge receipt of the Notification Letter regarding the conduct of free school based health services.

I have read and understood the information regarding the intended health services to be given to my child.
(Please check in the box provided)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Yes, I will allow my child to be provided the health services |
| <input type="checkbox"/> | Yes, I will allow but only for these services: |
| <input type="checkbox"/> | I will not allow my child to receive the health service benefits. Reason |

Signature of Guardian