

Republic of the Philippines Bangsamoro Autonomous Region in Muslim Mindanao Ministry of Basic, Higher and Technical Education Cotabato City



Office of the Minister

Bangsamoro Autonomous Region in Muslim Mindanzo Min stry of Basic, Higher and Technical Education OFFICE OF THE MIMISTER

REGIONAL MEMORANDUM

No. 1247 Series of 2022

TO

SCHOOLS DIVISION SUPERINTENDENTS (Cotabato City,

Maguindanao II, Marawi City, Lanao del Sur I, & Lanao del Sur II)

ATTENTION

SCHOOL HEADS

DIVISION YFD AND YES-O COORDINATORS

REGION/DIVISION FEDERATED STUDENT OFFICERS

Republic of the Philippines Bangsamoro Autonomous Region in Muslim Mindanao Ministry of Basic , Higher and Technical Education INFORMATION AND COMMUNICATIONS DIVISION

> Office of the Minister RELEASED

Control No 302

FROM

SUBJECT

QBAL MOHAGHERM

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PUBLIC CONSULTATION FOR CHILDREN SECTOR ON THE

IMPLEMENTING RULES AND REGULATIONS (IRR) OF REPUBLIC ACT

11596

DATE

October 26, 2022

- 1. This has reference to the memorandum issued by the Office of the Undersecretary for Legislative Affairs and Partnership (OULAP) No. Q-2-181, s. 2022 relative to the request for children participants to the public consultation of the Implementing Rules and Regulations (IRR) of Republic Act 11596 titled "An act prohibiting the practice of child marriage and imposing penalties for violations thereof", which will be conducted with the assistance of the Council for the Welfare of Children (CWC), Philippine Legislators' Committee on Population and Development (PLCPD), and United Nations Children's Fund (UNICEF).
- A Public Consultation for Children Sector will be conducted on October 29-30, 2022 in Davao City. Transportation, accommodation, and meals of the participants will be shouldered by the PLCPD.
- 3. Relative to this, the Department of Social Welfare and Development (DSWD) is requesting the participation of children ages 13-18 years old and one (1) adult. Attached is the list of participants and the parent's consent form.
- 4. Should you have concerns or other inquiries, kindly contact Ms. Alanisa M. Bantuas at email alanisa.bantuas@deped.gov.ph.
- 5. For information and compliance.

Regional Office, 2nd floor RELC Bldg, Bangsamoro Peoples' Compound, Rosary Heights 7, Cotabato City Email: min.ed.barmm@gmail.com Facebook/Twitter: @riombhtebarmm

Annex A: List of Participants for Public Consultation for Children Sector

N o.	Name	Designation	Division		
1	Josette Jana Q. Liwagon	Regional Federated BKD Member	Cotabato City		
2	Datu Maroup Japal Palacala	Division Federated SSG Member`	Cotabato City		
3	Joren Maningula	Indigenous People Leader	Cotabato City		
4	Jzanndy I. Pacaldo, Jr.	Indigenous People Leader	Cotabato City		
5	PJohn Joshua M. Ariston	Indigenous People Leader	Cotabato City		
6	Norhaina A. Sinsuat	Regional Federated Teacher- Adviser/ Chaperon	Cotabato City		
7	Faiza Rinah Ayesha B. Dagalangit	Regional Federated SSG	Maguindanao II		
8	Goldeewan D. Mato	Regional Federated YES-O President	Maguindanao II		
9	Ronel Balansag	Regional Federated Teacher- Adviser/ Chaperon	Maguindanao II		
10	Marjannah D. Acmad	Regional Federated BKD President	Marawi City		
11	Almairah D. Racman	Regional Federated SSG Member	Marawi City		
12	Yasmerah T. Mustapha	Regional Federated Teacher- Adviser/ Chaperon	Marawi City		
13	Alinor Macapoli	Regional Federated SSG Member	Lanao Del Sur I		
14	Johaynie Rapido Regional Federated YES-O Member		Lanao Del Sur I		
15	Alinor Salem	Regional Federated Teacher- Adviser/ Chaperon Lanao Del			
16	Welfimiyah A. Diron	Regional Federated SSG Member	Lanao Del Sur II		
17	Mohamiden B. Sultan	Regional Federated BKD Member Lanao Del Sur			
18	Alibasher D. Bacaraman	acaraman Regional Federated Teacher- Lanao Del Sur Adviser/ Chaperon			

PARENTAL CONSENT AND WAIVER FORM

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on October 29 to 30, 2022 at Davao Ci							

I understand that the Office of Ministry of Basic, Higher and Technical Education, Office of Undersecretary Legislative Affairs and Partnership and DSWD shall implement the minimum public health standards set by the government to minimize the risk of the spread of COVID-19, but it cannot guarantee that my child will not become infected with COVID-19 given that it is highly contagious.

I understand that my child's in-person attendance in the event will include associating with teacher-adviser or YFD Focal, fellow learners and school personnel, and other persons inside and outside of the venue that may put my child at risk of COVID-19 transmission, 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 withdrawal of 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 COVID-19 transmission 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 (Limitation/Ineligibility)

I am aware that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, 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 CIVID-19. I will also inform the school/division and not allow my child to attend the event of my child or any of my household members' tests positive for COVID-19. My child/ren and I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and our community.

Documentation

I confirm that I give full permission in any recording or picture taken of my child during the conduct of this event and to use some of all of my child's images/contribution performance in any publication (including electronic publications such as fill or website) created by or for the Office of Ministry of Basic, Higher and Technical Education, Office of Undersecretary Legislative Affairs and Partnership and DSWD and to release this material to official platforms.

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 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 will be 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 endeavour to meet the expectations, guidelines, and responsibilities to his/her fellow participants and to the Office of Ministry of Basic, Higher and Technical Education, Office of Undersecretary Legislative Affairs and Partnership and DSWD.

To the extent allowed by law and rules, I hereby agree to waiver, release, and discharge any and all claims, causes of action, damages, and rights against the school/division and its personnel as well as officials and personnel of the Office of Ministry of Basic, Higher and Technical Education, Office of Undersecretary Legislative Affairs and Partnership and DSWD 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 from October 29 to 30, 2022. I also attest that I had sought the view of my child and he/she expressed a willingness to participate in the activity.

Contact Details for Questions or Problems

For any concerns or clarification. You may contact the Office of MBHTE BARMM- through the email address: min-edu@bangsamoro.gov.ph

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

^{*}Please submit this form to your child's school prior to the participation on the event.