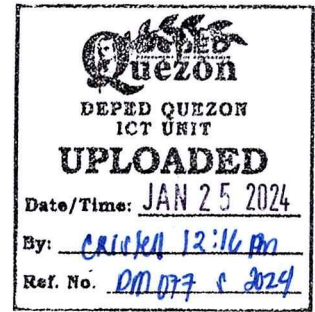




Republic of the Philippines
Department of Education
 Region IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE



17 January 2024

DIVISION MEMORANDUM

DM No. 077, s. 2024

2024 NATIONAL SCHOOL DEWORMING MONTH (ROUND 2)

To: Assistant Schools Division Superintendent
 Division Chiefs
 Public Schools District Supervisors
 Elementary and Secondary School Heads
 School Health Personnel
 All Others Concerned

1. With reference to **DepEd Memorandum Nos. 80 and 156, s. 2015** (Guidelines On the Implementation of the National Deworming), July (1st Round) and January (2nd Round) of every school year are designated as deworming months.

2. However, deworming activity can also be done on any day of the following months:

July – September	1st Round
January – March	2nd Round

3. In connection, all public school enrolled learners from Kindergarten (Grade 6, Grade 7, Grade 12, SPED, and ALS) are advised to conduct the said deworming activity.

4. The school nurse shall coordinate with the Local Government Unit (LGU)/ Rural Health Unit (RHU) regarding the additional provision of albendazole tablets, as well as the monitoring and referral of any adverse effects.

5. Please see the **Enclosures** for the sample copy of the permit and forms to be used in the activity.

6. Be advised that the **District Deworming Activity Report** shall be submitted by the District Nurses to **Integrated Helminthiasis Control Program Coordinator** on or before **April 19, 2024**.

DEPEDQUEZON-TM-SDS-04-009-003




Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321



Republic of the Philippines
Department of Education
Region IV-A
SCHOOLS DIVISION OF QUEZON PROVINCE

7. In addition, the Quezon School-Based Feeding Program (SBFP) Form Data System for all beneficiaries of Albendazole tablets for the School Year 2023-2024 shall be updated.
8. For questions and concerns, please contact **Jenny Lyn V. Barrantes**, Division Integrated Helminthiasis Control Program Coordinator, at 09565175505 or jennilyn.barrantes@deped.gov.ph.
9. Immediate dissemination of this Memorandum is desired.


ROMMEL C. BAUTISTA, CESO V
Schools Division Superintendent 

shs/jub-mtma/01/19/2024

DEPEDQUEZON-TM-SDS-04-009-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
Trunkline #: (042) 784-0366, (042) 784-0164,
(042) 784-0391, (042) 784-0321



Republic of the Philippines
Department of Education
 Region IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE

Enclosure No. 1 to DM No. 077, s. 2024



Republic of the Philippines
Department of Education
 Region IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE

KAPAHINTULATAN

Pangalan ng Bata: _____ Kapanganakan: _____
 Tirahan: _____ Telepono: _____

Ito ay pagpapatunay na aming naunawaan ang mga impormasyon hinggil sa mga libreng serbisyong pangkalusugan na ibibigay sa aking anak.

(Pakilagyan ng tsek (/) ang kahon)

- Oo, pinahihintulutan ko ang aking anak na mabigyan ng deworming tablet/pampurga
- Hindi ko pinahihintulutan ang aking anak na mabigyan ng deworming tablet/pampurga

Dahilan: _____
 Lagda ng Magulang/Guardian: _____

DEPEDQUEZON-TM-SDS-04-025-003





 Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321
 DepEdTayoQuezon www.depedquezon.com.ph quezon@deped.gov.ph



Republic of the Philippines
Department of Education
 REGION IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE

KAPAHINTULATAN

Pangalan ng Bata: _____ Kapanganakan: _____
 Tirahan: _____ Telepono: _____

Ito ay pagpapatunay na aming naunawaan ang mga impormasyon hinggil sa mga libreng serbisyong pangkalusugan na ibibigay sa aking anak.

(Pakilagyan ng tsek (/) ang kahon)

- Oo, pinahihintulutan ko ang aking anak na mabigyan ng deworming tablet/pampurga
- Hindi ko pinahihintulutan ang aking anak na mabigyan ng deworming tablet/pampurga

Dahilan: _____
 Lagda ng Magulang/Guardian: _____

DEPEDQUEZON-TM-SDS-04-025-003





 Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321
 DepEdTayoQuezon www.depedquezon.com.ph quezon@deped.gov.ph

DEPEDQUEZON-TM-SDS-04-025-003





 Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321
 DepEdTayoQuezon www.depedquezon.com.ph quezon@deped.gov.ph



Republic of the Philippines
Department of Education
 Region IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE

Enclosure No. 2 to DM No. 077, s. 2024



Republic of the Philippines
Department of Education
 Region IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE

Form 1 - Classroom Level

National School Deworming Month (NSDM) Round 2

Date: _____

District: _____

Name of School: _____

School ID: _____

Enrolment: _____

Grade /Section: _____

No.	Dewormed		Consented to Deworming (as indicated in consent)	Not Dewormed			Adverse Event
	4Ps	Non-4Ps		Refused deworming	No Consent Form Returned	Precautionary Measure	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Accomplished by: _____

NOTED: _____

Class Adviser

School Deworming Coordinator

Date Accomplished: _____

DEPEDQUEZON-TM-SDS-04-025-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321

DepEdTayoQuezon

www.depedquezon.com.ph

quezon@deped.gov.ph

DEPEDQUEZON-TM-SDS-04-025-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321

DepEdTayoQuezon

www.depedquezon.com.ph

quezon@deped.gov.ph



Republic of the Philippines
Department of Education
 Region IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE



SCHOOLS DIVISION OF QUEZON PROVINCE

National School Deworming Month (NSDM) Round

Form 2 - School Level

Month _____ Day _____ Year _____

District / Name of School: _____

SCHOOL	GRADE LEVEL	NO. OF ENROLLED CHILDREN		CHILDREN DEWORMED			CONSENTED TO DEWORMING (AS INDICATED IN CONSENT FORM) C/O LGU	REFUSED DEWORMING (AS INDICATED IN CONSENT FORM)	NO CONSENT RETURNED	PRECAUTIONARY MEASURE (SERIOUSLY ILL, WITH ABDOMINAL PAIN, DIARRHEA, WHO HAS PREVIOUS HYPERSENSITIVITY WITH DEWORMING DRUG (ANNEX B MDAAP Guide #1 page 14)	ADVERSE EVENT REPORTED (TYPE AND NO.)	% DEWORMED (TOTAL DEWORMED/NO. OF ENROLLED)	NO. OF REMAINING G TABS AS OF MARCH 31/SEPT 30 AND EXPIRATION DATE	NO. OF TABLETS TURNED OVER TO LGU	REMARKS	
		MALE	FEMALE	MALE	FEMALE	TOTAL										4 PS
	Kindergarten															
	Grade 1															
	Grade 2															
	Grade 3															
	Grade 4															
	TOTAL G 1-4															
	Grade 5															
	Grade 6															
	TOTAL G 5-6															
	Grade 7															
	Grade 8															
	Grade 9															
	Grade 10															
	TOTAL G 7-10															
	Grade 11															
	Grade 12															
	TOTAL G 11-12															
	SPED															
	ALS															
	TOTAL															

Accomplished by: _____

Noted: _____

Deworming Coordinator _____

School Head _____

Date Accomplished: _____

DEPEDQUEZON-TM-SDS-04-025-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321
 www.deped.gov.ph
 quizon@deped.gov.ph



DEPEDQUEZON-TM-SDS-04-025-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321

DepEdTayoQuezon

www.depedquezon.com.ph

quezon@deped.gov.ph



Republic of the Philippines
Department of Education
 Region IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE



Republic of the Philippines
Department of Education
 Region IV-A
 SCHOOLS DIVISION OF QUEZON PROVINCE

Form 3 - District Level

National School Deworming Month (NSDM) Round ___
 District / Name of Sch _____
 Month _____ Day _____ Year _____

DISTRICT	GRADE LEVEL	NO. OF ENROLLED CHILDREN			CHILDREN DEWORMED				CONSENTED TO DEWORMING (AS INDICATED IN CONSENT FORM) C/O LGU	REFUSED DEWORMING (AS INDICATED IN CONSENT FORM)	NO. OF CONSENT FORMS RETURNED	PRECAUTIONARY MEASURE (SERIOUSLY ILL, ALLERGIC TO PENICILLIN, HAS PREVIOUS HYPERSENSITIVITY WITH DEWORMING DRUG (ANNEX B, MDAP Guide #1 page 14))	ADVERSE EVENTS REPORTED (TYPE AND NO.)	% DEWORMED (TOTAL DEWORMED / NO. OF ENROLLED)	NO. OF REMAINING TABS AS OF MARCH 31/SEPT 30 AND EXPIRATION DATE	NO. OF TABLETS TURNED OVER TO LGU	REMARKS	
		MALE	FEMALE	TOTAL	MALE	FEMALE	4 P'S	NON 4 P'S										
	Kinder																	
	Grade 1																	
	Grade 2																	
	Grade 3																	
	Grade 4																	
	TOTAL G 1-4																	
	Grade 5																	
	Grade 6																	
	TOTAL G 5-6																	
	Grade 7																	
	Grade 8																	
	Grade 9																	
	Grade 10																	
	TOTAL G 7-10																	
	Grade 11																	
	Grade 12																	
	TOTAL G 11-12																	
	SPED																	
	ALS																	
	TOTAL																	

Noted:

Public Schools District Supervisor _____

District Nurse _____

Date Accomplished: _____

DEPEDQUEZON-TM-SDS-04-025-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321
 quezon@deped.gov.ph

DEPEDQUEZON-TM-SDS-04-025-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
 Trunkline #: (042) 784-0366, (042) 784-0164,
 (042) 784-0391, (042) 784-0321

DepEdTayoQuezon

www.depedquezon.com.ph

quezon@deped.gov.ph