



Republic of the Philippines

Department of Education

Region XI



City Schools Division of Digos City


City of Digos

Office of the City Schools Division Superintendent Tel. No. (082)553-8375:553-8376

Fax No. (082)553-8396

MEMORANDUM No. **653** s, 2016

TO : Division Nurses
Public Schools District Supervisors
School Heads of Colorado Elementary School
School Heads of Remedios Saplala Elementary School
School Heads of Bagumbuhay Elementary School
School Heads of DICNHS-Igpit HS Annex
School Heads of DICNHS- Matti HS Annex
School Heads of Igpit Elementary School

FROM : 
WINNIE E. BATOON, Ed.D.
Officer -In-Charge
Office of the Schools Division Superintendent

SUBJECT : **Drug Administration Mop Up for Schistosomiasis**

DATE : September 14, 2017

1. Please be informed of the Schedule for the Drug Administration Mop up for Schistosomiasis in the endemic areas:

School	Date
Colorado Elementary School	September 19,2017
Remedios Saplala Elementary School	September 19, 2017
Bagumbuhay Elementary School	September 19,2017
DICNHS-Igpit HS Annex	September 19, 2017
DICNHS- Matti-Cagas Alo HS Annex	September 19, 2017
Igpit Elementary School	September 19, 2017

2. The schools are advised to prepare a Master list of the pupils/students for easy facilitation of the activity. Height and weight taking must be done before the schedule of the Mass Drug Administration.
3. The pupils/students are advised to be fed before the administration of the Schistosomiasis drug (Praziquantel).
4. Parental consent must be secured prior to the Schedule of Mass Drug Administration "No parent consent No Drug administration".
5. Please submit a report after the Mass Drug Administration to the Division Office Attention: HAZEL MARIE L. ESCABILLAS, RN Health and Nutrition Section.
6. Please see attachment for additional information.
7. For information and compliance.

DepEd Schools Division Office

RELEASED 9385

Date: 4 SEP 2017 Time: 8:19 AM

By: 

**National School Deworming Day
School Level Reporting Form**

Province: _____
 Division: _____
 District: _____
 Name of School: _____
 School Address: _____
 Total Enrollment: _____
 Grade Level and Section: _____

Grade Level	No. of Enrolled Children	No. of Children Dewormed	Total # of 4p's Dewormed	Remarks
Kinder				
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
SPED				
Total				

Accomplished By _____

Noted By: _____

School Clinic Teacher/ School NSDD
 Date Accomplished: _____

School Principal _____