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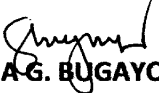



DepED
Region I
SCHOOLS DIVISION OFFICE
Burgos Street, Dagupan City



Division Memorandum No. 07

To : Public Schools District Supervisors
School Heads (Elementary & Secondary, Public & Private Schools)
SPED and Receiving Teachers
Coaches of Learners with Special Needs

From : 
LORNA G. BUGAYONG, Ph.D., CESO IV
Schools Division Superintendent 

Date : December 8, 2018

Subject : CORRIGENDUM AND ADDENDUM TO DIVISION MEMORANDUM No. 478, s. 2017
On 1st DIVISION PARALYMPICS

- The 1st Division Paralympics will be on January 10 – 11, 2018 with the following events and venue:

Day 1 – January 10, 2018	7:30 – 8:00	Registration	Division Training Center
	8:00 – 8:30	Opening Program	Division Training Center
	8:30 – 3:00PM	Swimming Event	
Day 2 – January 11, 2018	7:00 – 12:00	Bocce Athletics	Mayor's Shed, Bonuan Tondaligan
- Pre-registration of Participants will be submitted to Dr. Isabelita N. Daroya, PSDS at Division Office on January 9, 2018 and attached Medical Certificate and Parental Consent.
- Attached hereto are Registration Form, Medical Certificate Form, Parental Consent and Working Committees.
- For inquiries, you may call DR. MARIA SOCORRO G. DIMALANTA, EPS In Charge of SPED at 09338572700/09065255512.
- Immediate dissemination of this Memorandum is desired.



DepED

Region I
DAGUPAN CITY
(Division)

(School)

(School Address)

M E D I C A L C E R T I F I C A T E

(Date)

To Whom It May Concern:

This is to certify that I have personally examined _____
(Name)

of _____ and found to be physically fit and can join
(School)

and compete in the 1st Division Paralympics.

Event: _____

Physical Examination

Date Examined: _____

Age: _____

Sex: _____

Birthdate: _____

Height: _____

Weight: _____

Blood Pressure: _____

Pulse, Resting: _____

Respiratory Rate: _____

Other Remarks: _____

THERESA P. PARAYNO, M.D.

Medical Officer III

License No. 73306

PTR: _____

Date: _____



DepED

Region I
DAGUPAN CITY
(Division)

(School)

(School Address)

(Date)

P A R E N T A L C O N S E N T

I/We hereby willingly and voluntarily give consent ^{to} the participation of my/our son/daughter _____ in the 1st Division Paralympics.

I/We have considered the benefits that my son/daughter will derive from his/her participation in this activity provided that due care and precaution will be observed to ensure the comfort and safety of my son/daughter and that DepEd employees and personnel may not ^{be} held responsible for any untoward incident that may happen beyond their control.

Signature of Father over Printed Name

Signature of Mother over Printed Name

Signature of Guardian over Printed Name

(Relationship with the Athlete)

Verified by:

Teacher-Adviser/School Head/Registrar

Remarks:



DepED

Region I

SCHOOLS DIVISION OFFICE
Burgos Street, Dagupan City



1st DIVISION PARALYMPICS
January 10-11, 2018

WORKING COMMITTEES

On-site Registration	:	Rowena C. Somintac
Accommodation/Stage and Hall	:	Angelyn A. Torda Dory C. Cayago
Medals and Certificates	:	Nizza Irene J. Guieb
Waivers and Medical Certificates	:	Dr. Leah M. Surot
Program and Invitation	:	Jennifer B. Paras
Documentation	:	Einee B. Camota Ahleen M. Fernandez
Awards	:	Arlene Bautista Ronel Navalta
Medical Officers	:	Dr. Theresa P. Parayno, MD Dr. Christina Terrado, MD Day 1 – Noreen B. Vidal Marina S. Festejo Day 2 - Teodoro L. Manaois Christian Paul Q. Espiritu
Chairman	:	DR. MARIA SOCORRO G. DIMALANTA
Co-Chairmen	:	DR. ISABELITA N. DAROYA MRS. RENATA G. ROVILLOS MRS. VALENTINA F. HORTALEZA
Honorary Chairman	:	DR. LORNA G. BUGAYONG, CESO VI Schools Division Superintendent
Honorary Vice Chairman	:	DR. LOURDES D. SERVITO Asst. Schools Division Superintendent