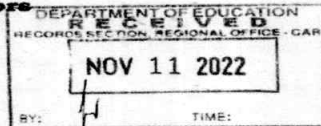




Republic of the Philippines
Department of Education
 OFFICE OF THE ASSISTANT SECRETARY FOR
 YOUTH AFFAIRS AND SPECIAL CONCERNS

MEMORANDUM

For: Regional Directors and BARMM Education Minister
 Schools Division Superintendents
 Division Youth Formation Coordinators
 School Heads
 All Others Concerned



From: 
DR. DEXTER A. GALBAN
 Assistant Secretary
 Youth Affairs and Special Concerns

Subject: **FOURTH NATIONAL SUMMIT ON THE RIGHTS OF THE CHILD IN EDUCATION AND PRE-SUMMIT CONFERENCE OF CHILDREN AND LEARNERS**

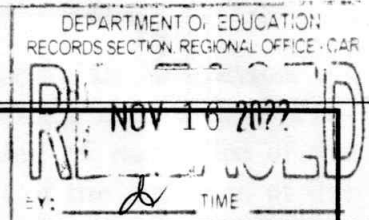
Date: **November 02, 2022**

This refers to the **Fourth National Summit on the Rights in Education on November 26, 2022** via a virtual platform and a **whole-day face-to-face Pre-Summit Conference on November 19, 2022**. Spearheaded by the Office of the Undersecretary for Legal Affairs (OULA), this event is part of the activities of the department in celebration of National Children's Month this November.

With the theme, **"Pagtataguyod sa Karapatan, Kalidad na Edukasyon, at Kalinga para sa Kabataang Pilipino"**, it aims to:

1. reinforce the continuing commitment of DepEd and other stakeholders in protecting and upholding children's rights in education as we adapt to the challenges and changes during the post-pandemic period;
2. build on the gains of the Third National Summit on the Rights in Education;
3. reaffirm the rights-based education framework of DepEd (RBE-DepEd) and the objectives of CREDe; and

M-505 Mabini Bldg., DepEd Complex, Meralco Avenue, Pasig City
 Website: www.deped.gov.ph



Republic of the Philippines
DEPARTMENT OF EDUCATION
 Cordillera Administrative Region

November 15, 2022

To : Schools Division Superintendents
 All Division

For information, guidance and appropriate action.

ESTELA P. LEON-CARIÑO EdD, CESO III
 Director IV/Regional Director

For the Regional Director:


FLORANTE E. VERGARA
 Assistant Regional Director

4. facilitate discussions on children's rights, quality education, and mental health.

In this light, the Office of the Assistant Secretary for Youth Affairs and Special Concerns-Youth Formation Division (OASYASC-YFD), requests all Division Youth Formation Coordinators (DYFCs) to participate in the said event.

All DYFCs shall serve as guardians of the identified student participants during the said activity preferably *(one (1) DFSSG President and one (1) DFSPG President per Division)*. As guardians, they shall address the concerns of learners in coordination with OASYASC-YFD and the organizing team, OULA-CREDe through Ms. Antoinette Esacrio (antoinette.escario@deped.gov.ph).

It is also requested that the focal persons/DYFCs provide the names of the identified learners with prior consent of their parents on or before **November 14, 2022** via this registration link <https://bit.ly/Registration4thNSRCEducation>.

For questions and concerns, please contact **Mr. Rovin James F. Canja**, Officer-In-Charge, Project Development Officer IV of OASYASC-YFD via email at oasyasc.yfd@deped.gov.ph.

For immediate dissemination and compliance.

CONSENT, WAIVER, INDEMNITY and RELEASE

(TO BE COMPLETED BY YOUNG PERSON AND PARENT/GUARDIAN)

PART A: TO BE COMPLETED BY THE CHILD

I agree to participate in the following activity:

Production Name/Project Title: **FOURTH NATIONAL SUMMIT ON THE RIGHTS OF THE CHILD IN EDUCATION AND PRE-SUMMIT CONFERENCE OF CHILDREN AND LEARNERS**

Location/Online Platform: Google Meet/Zoom/Teams

Date and Time: _____

I agree to give permission to the **Department of Education (DepEd)** and its representatives to make recordings of my voice and to take photographs and/or videos in which I appear in at the event and location stated above, to be used for the communications and various public campaigns of the Department be it in print, broadcast and/or electronic media.

I have read and understood the accompanying letter and information leaflet. For things I don't understand, I will ask my Parent/Guardian to clarify the objective of the activity for me.

I know the purpose of the project/activity and the part I will be involved in. I know that DepEd and its representative are not allowed to use the information about me in any form that might harm my rights and well-being.

Name _____

Signature _____ Age _____

PART B: TO BE COMPLETED BY THE PARENT/GUARDIAN

As the parent/guardian of _____, I hereby allow him/her to participate in the following activity:

Production Name/ Project Title: **FOURTH NATIONAL SUMMIT ON THE RIGHTS OF THE CHILD IN EDUCATION AND PRE-SUMMIT CONFERENCE OF CHILDREN AND LEARNERS**

Location/Online Platform: Google Meet/Zoom/Teams

Date and Time: _____

I acknowledge that the DepEd will own all rights to his/her images and recordings made during the activity. DepEd and its representatives will have the right to use, display, exhibit, reproduce, distribute and create derivative works of these images and recordings in any media now known or later developed.

As the parent/guardian, I understand my roles and responsibility to explain this consent form to the child and ensure that his/her privacy and identity rights are protected and acknowledged accordingly.

As the parent/guardian, I hereby waive any right to inspect or approve the use of the images or recordings or of any written derivatives. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the materials.

As the parent/guardian, I hereby release, defend, indemnify and hold harmless the DepEd and its representatives from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials including, but not limited to, claims of defamation, invasion of privacy, rights of publicity, copyright infringement, any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or may be produced in taking, processing, reducing or producing the finished product, its publication or distribution.

I, (NAME OF PARENT/GUARDIAN) _____, have legal authority to enter into this contract. I have read this document before signing below and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release.

This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Address: _____

Home Phone: _____ Mobile Phone: _____