



Republic of the Philippines
Department of Education
REGION VI – WESTERN VISAYAS
SCHOOLS DIVISION OF AKLAN

September 02, 2026

DIVISION MEMORANDUM

No. 502, s. 2026

**2ND GOVERNOR JOSE ENRIQUE M. MIRAFLORES
RESCUE CAMP 2026**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors, Principals In-Charge of the District
Head Teacher In-Charge of the District
Senior/Education Program Specialists
Heads of Public and Private Elementary/Integrated/Secondary Schools
All Others Concerned

1. Attached is the letter from the Provincial Disaster Risk Reduction and Management Office (PDRMO) of Aklan regarding the conduct of the 2nd Governor Jose Enrique M. Miraflores Rescue Camp 2026 on September 7-11, 2026 at Aklan Sports Complex, Calangcang, Makato, Aklan, which is self-explanatory.
2. The Rescue Camp aims to promote disaster risk reduction awareness and preparedness among Aklanon youths and youth leaders. It will provide opportunities for participants to enhance their knowledge, skills, and resilience in responding to emergencies and disasters.
3. Participants must accomplish the pre-registration form using the link provided <https://forms.gle/AfRDx5bugEXPUsT3A>
4. Student participants are required to secure parental consent and waiver form for the event which is included in Enclosure I, while participating and managing DepEd personnel are entitled to Service Credits for their services rendered during weekend and holidays but not to exceed 15 days per year in accordance with DO No. 53, s. 2023 titled "Updated Guidelines on the Grant of Vacation Service Credits to Teachers. On the other hand, non-teaching personnel shall be provided with Compensatory Time Off (CTO) for their services rendered during weekends and holiday as per Civil Service Commissions (CSC) and Department of Budget and Management (DBM) Joint Circular No. 2, s. 2004 on Non-Monetary Remuneration for Overtime Rendered.
5. The travel and other incidentals expenses of the participants, including the learners, shall be charged against local funds/MOOE and other available local funds all subject to the usual accounting and auditing rules and regulations.

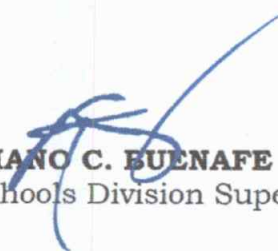


Población, Numancia, Aklan
Tel/Fax No. (265 3740 | 265 3741 | 265 3743)
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6. It is understood that in the conduct of this activity there shall be no discrimination in the provision of Learning and Development interventions on account of age, school, gender, civil status, disability, religion, or other similar factors/ personal circumstances that run counter to the principles of equal opportunity
7. Immediate dissemination and compliance with this Memorandum are desired.


FELICIANO C. BUENAFE Jr., CESO V
Schools Division Superintendent

Encl.: As stated
Reference: As stated
To be indicated in the Perpetual Index
Under the following subjects:

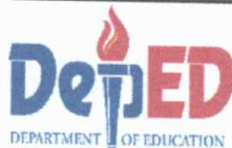
CALAMITY

CELEBRATION

SCHOOLS

PREPAREDNESS

NSATM/



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Republic of the Philippines
PROVINCE OF AKLAN
PROVINCIAL DISASTER RISK REDUCTION AND MANAGEMENT OFFICE

2nd Floor, Trade Hall Building, Capitol Compound, Kalibo, Aklan

August 25, 2026

DR. FELICIANO C. BUENAFE JR.,
Schools Division Superintendent
Department of Education
Numancia, Aklan

ATTN:

MR. NIÑO SEAN AXL T. MORALES
DRRM COORDINATOR

Dear Sir,

The Provincial Government of Aklan thru its Provincial Disaster Risk Reduction and Management Office will be having its **2nd GOVERNOR JOSE ENRIQUE M. MIRAFLORES RESCUE CAMP 2026** on **SEPTEMBER 7-11, 2026** at Aklan Sports Complex, Calangcang, Makato, Aklan.

Aklan is prone to various natural and human-induced hazards. In recognition of this, and the critical importance of Disaster Risk Reduction and Management, this rescue camp will serve as a vital platform for knowledge sharing, practical skill demonstration, and fostering camaraderie among Aklanon Youths and Youth Leaders.

May we also request your good office to help us encourage the learners ages 12 and above to participate. This camp is free of charge but take note that this activity will exercise that participating teams will be responsible for their own provisions, including food, water, and sleeping gears, mirroring real-world conditions during a major disaster.

Participants must submit a pre-registration form using this link: <https://forms.gle/AfRDx5bugEXPUt3A> and will accept responses until August 31, 2026.

For your queries, you may contact PDRRMO Aklan using these numbers: (036) 268-7420 and 0999 924 6939 or email address at aklan.pdrmo@aklan.gov.ph.

Thank you for the continued support and your invaluable commitment to public safety and disaster preparedness. We look forward to your positive response.

Respectfully,


MANUEI JAYFREE M. JIZMUNDO
LDRRMO IV

MANDATE:

This office perform the mandated duties and responsibilities as stipulated in R.A. 10121 and General Ordinance No.: 2016-005, an ordinance institutionalizing the Disaster Risk Reduction and Management System of Aklan.

VISION:

A prepared, equipped and vigilant Aklanon that is resilient to natural and human-induced hazards or disasters.

MISSION:

The Provincial Disaster Risk Reduction and Management Office aimed to help the community in the effective preparation and response to various hazards and danger during the occurrence of disasters and calamities.

SERVICE PLEDGE:

To provide emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic needs of the people affected.

FRONTLINE SERVICES:

- **24/7 Emergency/Disaster Response**
-Provision of Emergency/ Disaster Response
- **24/7 Emergency Response**
-Provision of 24/7 Emergency Response (Medical and Trauma)
- **Patient Transport**
-Provision of service to patients who needs to be transported to other hospitals or residence.

DRRM TRAINING COURSES:

- Standard First Aid Training
- First Aid Symposium
- Basic Life Support Training
- Hand Only CPR Training
- SRR Training
- Rope Rescue Training
- Water Safety Training
- ICS Orientation
- CBDRM Training
- Contingency Plan Formulation
- RDANA Training
- Formulation, Enhancement and Updating of DRRM Plan



EMAIL:

aklan.pdrmo@aklan.gov.ph

FACEBOOK:

[Pdrmo Aklan](#)

LANDLINE:

(036) 268-4720

MOBILE:

09999246939

HOTLINE:

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(Enclosure No. __ to Division Memorandum No. **502** s. 2026)

PARENTAL CONSENT AND WAIVER FORM

I, _____, as the parent or legal guardian of _____, hereby acknowledge that I have been informed of the details of the conduct of 2nd Governor Jose M. Miraflores Rescue Camp 2026, on September 7-11, 2026 at Aklan Sports Complex, Calangcang, Makato, Aklan.

I understand that the School Disaster Risk Reduction Management (DRRM) of the Department of Education (DepEd) shall implement the minimum public health standards set by the government to minimize the risk of the spread of any communicable disease, but it cannot guarantee that my child will not become infected.

I understand that my child's in-person attendance at the event will include associating with teachers, fellow learners and school personnel, and other people inside and outside of the school that may put my child at risk of transmission of any communicable disease, 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 withdrawing 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 transmission of any communicable disease 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(Limitations/Ineligibility)

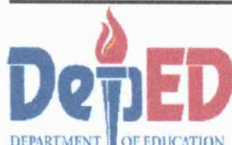
I am aware that symptoms of any communicable disease include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, the new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.

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 any communicable disease. I will also inform the school/division and not allow my child to attend the event if my child or any of my household members test positive for any communicable disease. My child/ren and I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and 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 or all my child's images/ contribution/ performance in any publication (including electronic publications such as film or website) created by or for the School DRRM and to release this material to DepEd official platforms.

Confidentiality



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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 Republic Act 10173, 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 is 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 endeavor to meet the expectations, guidelines, and responsibilities to his/her fellow participants and to DepEd.

To the extent allowed by law and rules, I hereby agree to waive, 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 Department of Education 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 September 7-11, 2026 also attest that I had sought the views of my child and he/she has expressed a willingness to participate in the activity.

CONTACT DETAILS FOR QUESTIONS OR PROBLEMS

For any concerns or clarification, you may contact the DRRM through the email address drrms@deped.gov.ph

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

* Please submit this form to your child's school prior to participation in the event.