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

November 6, 2026

DIVISION MEMORANDUM
No.**688** s. 2026

BARKADA KONTRA BISYO: HINDI USO ANG BISYO SA BARKADA KO 2026

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

1. The Youth Formation Division will be conducting **Barkada Kontra Bisyo: Hindi Uso Ang Bisyo Sa Barkada Ko 2026,** on November 07, 2026, 0800H to 1700h, at Kalibo Elementary School, Población, Kalibo, Aklan.

2. This aims to inculcate and reiterate the importance of awareness and advocacies to combat substance addiction and potential vulnerability of every learner against the threat that vices have. This one-day activity will help raise self-awareness on young leaders in leading their co-learners and the community with dignity becoming real-life advocates of truth, discipline, and compassion for others. ***See Enclosure 1.***

3. In this regard, the District Supervisors through the District Youth Formation Coordinators shall identify and accompany the learner-participants respectively. ***See Enclosure 2.***

4. Parental Consent and Waiver Form, and Learner Consent Form must be accomplished and shall be submitted to the Program Management Team upon registration. ***See Enclosure 3.***

5. Participating and managing DepEd personnel are entitled to Service Credits for their services rendered during weekends and holidays 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-teacher personnel shall be provided with Compensatory Time Off (CTO) for their services rendered during weekends and holidays 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 Service Rendered.

6. Travel and other expenses of the DepEd personnel and learners relative to this activity are chargeable against but not limited to MOOE/local funds subject to the usual accounting and auditing rules and regulations.

7. The food shall be charged against the Program Support Fund: RO-6-25-02109, and the first meal shall be AM Snacks and PM Snacks as the last meal of the day.

8. Widest dissemination of and compliance with this Memorandum are desired.

FELICIANO C. BUENAFE Jr. CESO V
Schools Division Supeintendent

Encl.: As Stated
Reference: As Stated
To be indicated in the Perpetual Index
Under the following subjects:
ADVOCACY **LEARNERS** **SELF-AWARNESS**
ACCS
*ENCLOSURE 1 to Division Memorandum No.**688,** series of 2026*

INDICATIVE PROGRAM OF ACTIVITIES/MATRIX

Time	Activity	Persons Involved
DAY 1		
0700	Registration	*PMT/TWG*
0800	Preliminaries	
	Opening Remarks and Statement of Purpose	**ALLAN CARLO C. SORIANO** *Project Development Officer I,* Youth Formation Division Learner Rights and Protection Division
	Welcome Message	**Dr. LUZ U. BANSON CESO VI** *Assistant Schools Division Superintendent*
0900	**TECHNICAL SESSION 1**	
	Introduction to the Technical Session and Resource Speaker	*PMT/TWG*
	BKB: Peer Pressure and Substance Addiction	**DR. KIM G. YABUT, RGC** *Instructor I* Aklan States University - Kalibo
0945	*HEALTH BREAK*	
1000	**TECHNICAL SESSION 2**	
	BKB: Mental Health Awareness Psycho-Emotional Support	**DR. KIM G. YABUT, RGC** *Instructor I* Aklan States University - Kalibo
1045	**OPEN FORUM**	*PMT/TWG*
1145	*Awarding of Certificates to the Resource Speakers	
	Photo Op with the Resource Speakers	
1200	LUNCH	
1330	**TECHNICAL SESSION 3**	
	Introduction to the Technical Session and Resource Speaker	*PMT/TWG*
	BKB: Psycho-Social Support	**REV. FR. GLENN C. MAGPUSAO** *Vice President* Christian Formation and Development Aklan Catholic College
1415	**TECHNICAL SESSION 4**	
	BKB: Psycho-Spiritual Support	**REV. FR. GLENN C. MAGPUSAO** *Vice President* Christian Formation and Development Aklan Catholic College
1500	**OPEN FORUM**	*PMT/TWG*
1530	*Awarding of Certificates to the Resource Speaker	
	Photo Op with the Resource Speaker	
1640	**CLOSING**	
	Closing Message	**MICHAEL T. RAPIZ** *Chief Education Supervisor* School Governance and Operations Division
	Reminders	**NIÑO SEAN AXL T. MORALES** *PDO II, DRRM YFD-LRPD Alternate Focal*
1700	**END OF THE PROGRAM**	

*ENCLOSURE 2 to Division Memorandum No.**688**, series of 2026*

PROGRAM MANAGEMENT TEAM, PERSONNEL, AND PARTICIPANTS

NUMERICAL BREAKDOWN OF EXPECTED PARTICIPANTS AND PERSONNEL FROM 19 DISTRICTS			
DISTRICTS	**LEARNERS**	**PERSONNEL**	**Subtotal**
AREA	**District SSLG/BKB Officers**	**District YFD**	**Number of Pax**
Altavas	2	1	3
Balete	1	1	2
Banga	1	1	2
Batan	1	1	2
Buruanga	2	1	3
Ibajay East	1	1	2
Ibajay West	2	1	3
Kalibo I	1	1	2
Kalibo II	2	1	3
Lezo	1	1	2
Libacao	1	1	2
Madalag	2	1	3
Makato	2	1	3
Malay	1	1	2
Malinao	1	1	2
Nabas	2	1	3
New Washington	1	1	2
Numancia	1	1	2
Tangalan	1	1	2
Division Personnel	4		4
Resource Person	2		2
Host School Personnel	1		1
		Total	***54***

PROGRAM MANAGEMENT TEAM		
1. Feliciano C. Buenafe Jr. CESO V	*Division Office*	*Schools Division Superintendent*
2. Dr. Luz U. Banson, CESO VI	*Division Office*	*Assistant. Schools Division Superintendent*
3. Michael T. Rapiz	*Division Office*	*Chief Education Supervisor*
4. Sarah Khadija Pioquinto	*Division Office*	*Nurse II*
5. Niño Sean Axl T. Morales	*Division Office*	*Project Development Officer II*
6. Allan Carlo C. Soriano	*Division Office*	*Project Development Officer I*
7. Hervy M. Teodosio	*Kalibo Elementary School*	*Project Development Officer I*

*ENCLOSURE 3 to Division Memorandum No. **688,** series of 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 **Barkada Kontra Bisyo: Hindi Uso Ang Bisyo Sa Barkada Ko 2026, on November 07, 2026, 0800H to 1700h, at Kalibo Elementary School, Población, Kalibo, Aklan.**

I understand that the Bureau of Learner Support Services-Youth Formation Division (BLSS-YFD) 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 BLSS-YFD and to release this material to DepEd official platforms.

Confidentiality

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 **November 07, 2026**. I 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 BLSS-YFD through the email address blss.yfd@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.**