



Republic of the Philippines  
**Department of Education**  
 REGION X- NORTHERN MINDANAO  
 DIVISION OF MALAYBALAY CITY

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Division Memorandum  
 No. 148 series of 2020

TO : Assistant Schools Division Superintendent  
 Chief Education Supervisors, CID and SGOD  
 Public Elementary School Heads  
 All Others Concerned

FROM : **VICTORIA V. GAZO, PhD, CESO V**  
 Schools Division Superintendent

DATE : March 16, 2020

RE : **SUBMISSION OF SCHOOL-BASED FEEDING PROGRAM (SBFP) –  
 MILK COMPONENT FORMS OF SY 2019-2020**

1. Pursuant to DepEd Order No. 36, s. 2019 re: Guidelines on the Implementation of SY 2019-2020 School-Based Feeding Program (SBFP) – Milk Feeding Program Component, this Office hereby informs the 67 SBFP Beneficiary Elementary Schools of the following;

- a. Preparation of SBFP – Milk Component **Form 8 (Parent's Consent Form for Milk Feeding Program)**
- b. Submission of SBFP – Milk Component **Form 6 (List of Beneficiaries)** of all 67 SBFP Beneficiary Elementary Schools
- c. Submission of SBFP – Milk Component **Form 5 (List of Authorized Consignees)** of all schools identified as Drop-Off Points

2. Attached are the prescribed formats. Hard copies of the duly accomplished SBFP – Milk Component **Forms 5 & 6** shall be submitted to the Division Office – School Health Section, attention: MARCOS JULITA K. FULGENCIO, DMD, Dentist II and soft copies through e-mail add: [schoolhealthsection@gmail.com](mailto:schoolhealthsection@gmail.com), on or before **April 3, 2020**.

3. Shall there be queries, contact Ms. KEZIAH FATIMA M. UN, Nurse II through mobile number 0917-706-6601.

Copy Furnished:  
 SGOD-School Health Unit  
 Records Unit

**TO BE POSTED IN THE DIVISION WEBSITE**



Purok 6, Casisang, Malaybalay City  
 Telefax (088) 314-0094  
 Email: Malaybalay.city@deped.gov.ph

**DIVISION OF MALAYBALAY CITY - SCHOOL-BASED FEEDING PROGRAM (SBFP) - MILK FEEDING COMPONENT  
(SCHOOLS IDENTIFIED AS DROP-OFF POINTS)**

<b>No.</b>	<b>Division</b>	<b>BEIS School ID</b>	<b>School Name</b>	<b>LEG_District</b>	<b>Municipality Name</b>	<b>Baranggay Name</b>	<b>Street Address</b>
1	Malaybalay City	126582	KALASUNGAY CS	2nd District	Malaybalay City	Brgy. Kalasungay	Purok 1
2	Malaybalay City	126593	SUMPONG CS	2nd District	Malaybalay City	Brgy. Sumpong	Purok 4
3	Malaybalay City	126592	STA. ANA ES	2nd District	Malaybalay City	Brgy. Casisang	Purok 1, Sitio Sta. Ana
4	Malaybalay City	126586	MCCS	2nd District	Malaybalay City	Brgy. 4	Corner Don Carlos St.
5	Malaybalay City	126579	CASISANG CS	2nd District	Malaybalay City	Brgy. Casisang	Sayre Highway
6	Malaybalay City	126557	AGLAYAN CS	2nd District	Malaybalay City	Brgy. Aglayan	Purok 3B
7	Malaybalay City	126558	BANGCUD CS	2nd District	Malaybalay City	Brgy. Bangcud	Purok 2
8	Malaybalay City	126544	LINABO CS	2nd District	Malaybalay City	Brgy. Linabo	Purok 1
9	Malaybalay City	126547	MANAGOK CS	2nd District	Malaybalay City	Brgy. Managok	Purok 3A
10	Malaybalay City	126556	ZAMBOANGUITA CS	2nd District	Malaybalay City	Brgy. Zamboanguita	Purok 1



DEPARTMENT OF EDUCATION  
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DISTRICT OF: \_\_\_\_\_  
 NAME OF SCHOOL: \_\_\_\_\_  
 SCHOOL ID NO.: \_\_\_\_\_

SCHOOL-BASED FEEDING PROGRAM - MILK COMPONENT

**LIST OF AUTHORIZED CONSIGNEES**

FULL NAME	TEL. NO.	MOBILE NO.	EMAIL ADD	SPECIMEN SIGNATURE
1  (School Head)				
2  (School Feeding Coordinator)				
(School Feeding Coordinator Representative)				
3  (School Property Custodian)				
(School Property Custodian Representative)				

**NOTES:**

1. This form shall be filled-up by School Drop-off points to be given to the NDA/Dairy Cooperative supplier on the first delivery of milk.
2. **Only authorized consignees are allowed to receive the goods.**



**DEPARTMENT OF EDUCATION  
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DISTRICT OF: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

SCHOOL ID NO.: \_\_\_\_\_

**SCHOOL-BASED FEEDING PROGRAM - MILK COMPONENT**

LIST OF BENEFICIARIES				
Name	Grade & Section	Classification of Students in terms of Milk Tolerance (Please check one)		
		Without milk intolerance and will participate in milk feeding	With milk intolerance but willing to participate in milk feeding	Not allowed by parents to participate in milk feeding
1				
2				
3				
4				
5				
6				
7				
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35				

Prepared by: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

\_\_\_\_\_  
School Feeding Coordinator

\_\_\_\_\_  
School Head

**PARENT'S CONSENT FORM FOR MILK FEEDING PROGRAM**

Pangalan ng Paaralan		School ID	
Division	MALAYBALAY CITY	Rehiyon	X

Mahal na magulang/ tagapangalaga,

Bilang bahagi ng pagtugon ng pamahalaan sa mataas na bilang ng mga batang mababa ang timbang, ang Kagawaran ng Edukasyon ay magsasagawa ng *Milk Feeding Program* sa mga mag-aaral na mababa ang timbang mula Kindergarten hanggang sa Baitang Anim (6) sa lahat ng mga pampublikong paaralan sa buong bansa. Ang gatas na ibibigay ay libre at walang bayad, hindi maaring iuwi, at ito ay dapat lamang inumin sa loob ng paaralan.

Kaugnay nito, hinihiling namin ang inyong pakikiisa na ibigay sa amin ang mga sumusunod na impormasyon patungkol sa inyong anak upang ang inyong anak/alaga ay mapabilang sa mga batang bibigyan ng gatas sa loob ng **TWENTY (20)** araw. Ngunit ang inyong anak/alaga ay maaring makaranas ng pagsakit panandalian ng tiyan at pagdumi pagkatapos uminom dulot ng tinatawag na "*Lactose Intolerance*" sa mga unang araw ng paginom ng gatas. Aming tinitiyak na ang gatas na ibibigay sa inyong mga anak/alaga ay bago at ligtas inumin.

Gumagalang,  
**Punongguro ng Paaralan**

**PAGSANG-AYON AT PAHINTULOT NG MAGULANG**

Pangalan ng Bata			
Kapanganakan	Age	LRN	
Class Adviser	Baitang		
Pangalan ng Magulang o Tagapangalaga			

**KASAYSAYAN NG SAKIT AT PAG INOM NG GATAS**

- Anong gulang o edad huling uminom ng gatas ng inyong anak/alaga?  
Taong gulang o edad \_\_\_\_\_
- Sa inyong obserbasyon, sumakit ang tiyan, dumumi o mga kakaibang naramdaman ang inyong anak pagka inom ng gatas?  
 Oo - mga sintomas \_\_\_\_\_  
 Hindi
- Ang inyong anak ay mayroong allergy sa gatas?  
 Meron  
 Wala

**PAGBIBIGAY NG PAHINTULOT SA PAGSALI NG INYONG ANAK O ALAGA SA MILK FEEDING PROGRAM**

**(Lagyan ng tsek ang kahon sa ibaba)**

- Oo, sumasang-ayon ako na mapasali ang aking anak sa Milk Feeding Program sa loob ng \_\_\_\_\_ ( ) araw. Nauunawaan ko ang impormasyon tungkol sa gatas at ang kahalagahan ng paginom ng gatas ay makakabuti sa kalusugan at nutrisyon ng aking anak/alaga. Naipaliwanag nang mabuti ang mga impormasyon tungkol sa libreng gatas na isasagawa ng Kagawaran ng Edukasyon.
- Hindi ako sumasang-ayon na mapasali ang aking anak sa Milk Feeding Program.  
Dahilan: \_\_\_\_\_

\_\_\_\_\_  
Buong Pangalan at Lagda ng Magulang/Tagapag-alaga