Republic of the Philippines
Department of Education
Region X - Northern Mindanao
**DIVISION OF CAGAYAN DE ORO CITY**
*Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City*

Date: January 22, 2018

ED-DIVISION OF CAGAYAN DE ORO
CAGAYAN DE ORO CITY
RELEASED
DATE: JAN 22 2018
BY:

**Division Memorandum**
No. 46 s. 2018

**DISSEMINATION OF THE IMPLEMENTING GUIDELINES ON THE CONDUCT OF OFF- CAMPUS ACTIVITIES**

To : **Curriculum and Implementation Division (CID) Personnel**
**Schools Governance and Operation Division (SGOD) Personnel**
**Elementary and Secondary School Heads**
This Division

1. The field is hereby informed of the new **Implementing Guidelines On the Conduct of Off- Campus Activities (DepEd Order 66 s. 2017),** which establishes standards and procedures in order to ensure its alignment with the overall learning outcomes; provide guidance pertaining to the roles of relevant stakeholders, safety and security measures and accountability mechanisms.

2. Relative to this, the conduct of all co-curricular and extra- curricular off- campus activities shall adhere to the following:

   a. ensure relevance and alignment with the educational competencies of the K to 12 Curriculum and leadership development of learners;
   b. uphold child protection principles and that no learner shall be disadvantaged in any form; and
   c. observe the safety and security protocols for all participants before, during and after the activity.

3. The Off- campus activities shall not be used as a means to raise funds for the school or association. All curricular and nationally mandated off- campus activities shall be subject to existing policies governing them.

4. The roles and responsibilities of the school head in the conduct of the aforesaid activities and other provisions thereof are stipulated in the said issuance.

5. See attached **enclosure templates** which include the following:
   **Annex A: OFF CAMPUS ACTIVITY PROPOSAL**
   **Annex B: MANIFEST**
   **Annex C: PARENT'S/ GUARDIAN'S CONSENT FORM**
   **Annex D: ACTIVITY REPORT**

6. Immediate and widest dissemination of this memorandum is directed.

**JONATHAN S. DELA PEÑA, PhD, CESO VI**
Schools Division Superintendent

Reference:
DepED Order 66, s. 2017
To be indicated in the Perpetual Index under the following subjects:

| | | | |
|---|---|---|---|
| LEARNERS | POLICY | SCHOOLS | PROGRAMS |
| FIELD TRIP | SAFETY EDUCATION | TEACHERS | |

*SGOD/JTL*

**ANNEX A: OFF-CAMPUS ACTIVITY PROPOSAL**

Please submit the completed proposal and copy of required attachments below to the concerned approving offices at the Region and/or Division Offices at least 1 month prior to the conduct of the activity.

**Attachments (if applicable):**

- ☐ Certified True Copy of Accreditation Certificate by the Department of Tourism (DOT)
- ☐ Certified True Copy of Certification from the Land Transportation, Franchising and Regulatory Board (LTFRB) on the validity and scope of franchise of the tour operator's vehicle/s, if applicable
- ☐ Copy of Registration of Vehicles
- ☐ Copy of Professional Driver's License and Updated Medical Record
- ☐ Copy of Roadworthiness Certificate
- ☐ Information and Cost of Travel Insurance
- ☐ Indicative Program (including the itinerary of activities)
- ☐ Other expenses that may be incurred
- ☐ Information on the place/s to visit

<table>
<tr><td colspan="4">Activity Information</td></tr>
<tr><td colspan="2" rowspan="2">Name of School:</td><td colspan="2">Division:</td></tr>
<tr><td colspan="2">Region:</td></tr>
<tr><td colspan="2">Title of the Activity:</td><td colspan="2">Subject Area:</td></tr>
<tr><td colspan="2">Purpose of the Activity:</td><td>Proponent:</td><td>Activity Head:</td></tr>
<tr><td rowspan="2">Destination/Venue:</td><td>Departure Date:</td><td>Departure Time:</td></tr>
<tr><td>Return Date:</td><td>Return Time:</td></tr>
<tr><td colspan="3">Grade Level: (encircle)<br>Kinder 1 2 3 4 5 6 7 8 9 10 11 12</td><td>No. of Learners:</td></tr>
<tr><td colspan="2">Fund Source:</td><td colspan="2">Budget Estimate: (breakdown if necessary)</td></tr>
<tr><td colspan="4">Content of Activity</td></tr>
<tr><td colspan="2">Linkage with the ESIP-AIP</td><td colspan="2">Target Key Stage and Educational Competencies (as per K-12 Curriculum Guide)</td></tr>
</table>

| **Chaperone's Information** | | |
|---|---|---|
| Name | Position/ Designation | Contact Number |
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| **For DepEd Initiated Activities** | | | |
|---|---|---|---|
| Name of Person in Charge | Position/ Designation | Name of Office/Unit | Contact Number |
| | | | |
| | | | |
| | | | |

| **For Non-DepEd Initiated Activities** | | | |
|---|---|---|---|
| Name of Service Provider | Name of Person in Charge | Position/ Designation | Contact Number |
| | | | |
| | | | |
| | | | |

| **Logistical Requirements** | |
|---|---|
| Transportation | Means of Transportation *(please indicate vehicles to be used)* |
| | Name of Service Provider *(if applicable)* |
| | Contact Details of Service Provider<br>• Name:<br>• Contact Number: |

**ANNEX B: MANIFEST**

All participants shall fill out this form completely before leaving the school premises and upon return. As necessary, this shall be completed in triplicate for School Administration, Faculty Member, and Vehicle Driver's copy.

**Name of School:** _____

**Title of Activity:** _____

**Destination/Venue:** (indicate all) _____

**Vehicle Number:** _____ **No. of Learners:** _____

**Departure Date:** _____ **Return Date:** _____

**Departure Time:** _____ **Return Time:** _____

| Passenger's Name | Learner/Parent/ Guardian/Teacher/ Others | Contact Number/s | Departure (sign) | Return (sign) |
|---|---|---|---|---|
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**ANNEX C: PARENT'S/GUARDIAN'S CONSENT FORM**

**Name of Learner:** _____

**Date of Birth:** _____ **Sex:** _____

**Parent's/Guardian's Name:** _____

**Relationship to Learner:** _____

**Home Address:** _____

**Contact Number/s:** _____

**Title of the Activity:** _____

**Venue:** _____ **Date of Activity:** _____

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As the parent/guardian of the abovementioned learner, I hereby acknowledge that I have been informed of the details of the off-campus activity and voluntarily and freely elect to participate in this off-campus activity. Furthermore, I understand the risks associated with an off-campus activity and agree that the rules and regulations established for the said activity are for the safety and security of the participants, and thus agree to instruct my child or children to obey them.

Having understood all the aforementioned, I hereby consent to allow my child or children to participate, acknowledging all of the foregoing. I am also solely responsible for providing travel insurance and any expenses for my child or children's participation in the activity.

_____ _____

Parent/Guardian's Name and Signature | Date

***Notes*** *(other information you may wish to inform the teacher, such as child's medical condition, etc.):*

**ANNEX D: ACTIVITY REPORT**

<table>
<tr><td colspan="3">Title of the Activity:</td></tr>
<tr><td rowspan="2">Name of Activity Head:</td><td rowspan="2">School:</td><td>Division:</td></tr>
<tr><td>Region:</td></tr>
<tr><td>Subject Area:</td><td>Date of Activity:</td><td>Grade Level:</td></tr>
<tr><td colspan="3">Target Key Stage and Educational Competencies (as per K-12 Curriculum Guide):</td></tr>
</table>

Please prepare a narrative report on the recently-conducted Off-Campus activity using the following questions as your guide:

**Activity**

1. Where and when did the activity take place?
2. Who were involved in the activity?
3. How was the activity conducted?
4. What was the unique educational value in the activity?
5. Was there adequate staff and adult supervision?
6. What problems or challenges were encountered before, during, and after the activity?
7. How can these problems and challenges be overcome in the future?

**Learners' Culminating Activity** *(to be submitted by classroom adviser)*

1. How soon after the Off-Campus activity did you have the culminating activity with the learners?
2. Describe briefly how you processed the Off-Campus activity and its relevance to the curriculum, with the learner/s.
3. What were the takeaways of the learners from the Off-Campus activity?

**Evaluation**

1. Collectively, what were the good things that happened during the Off-Campus activity?
2. Collectively, what were the issues and concerns encountered by the teachers involved during the entire duration of the trip?

**Evaluation of Tour/Service Provider**

1. Briefly describe your experience with the services provided by the tour/service provider.
2. What did you like best and least from the tour/service provider and its service/s?