



Republic of the Philippines  
**Department of Education**

REGION I  
SCHOOLS DIVISION OF THE CITY OF BATAC

Advisory No. **116**, s. 2026

01 JUN 2026

In compliance with DepEd Order (DO) No. 8, s. 2013  
this advisory is issued not for endorsement per DO 28, s. 2001,  
but only for the information of DepEd officials,  
personnel/staff, as well as the concerned public.  
(Visit [www.deped.gov.ph](http://www.deped.gov.ph))

**BLOOD LETTING ACTIVITY ACROSS ALL SCHOOLS DIVISION OF THE  
CITY OF BATAC CY 2026**

In support of the Mariano Marcos Memorial Hospital and Medical Center's campaign to promote voluntary blood donation and establish a blood pool/account, all teaching and non-teaching personnel under DepEd City of Batac will have access to blood products in times of medical emergencies.

Committed and accredited health professionals will ensure that all procedures adhere to medical standards and safety protocols.

For more information and complete details, please refer to the attached letter from the Mariano Marcos Memorial Hospital and Medical Center. For inquiries, you may contact Nurse Roxanne P. Paraoan via mobile number 09455775762.

School heads are encouraged to include this in their Brigada Eskwela week activities, and are advised to ensure that participation in this activity is voluntary and shall not disrupt regular classes, consistent with the department's "engaged time-on-task" policy.

For information.

SGOD SHU/jbj/26005 MMMH&MC Blood letting  
2605310/May 21, 2026

*SHU*



DepEd Batac City



[batac.city@deped.gov.ph](mailto:batac.city@deped.gov.ph)



[www.csdbatac.com](http://www.csdbatac.com)

Asuncion Street, 16-S Quiling Sur,  
City of Batac, Ilocos Norte  
Telephone No.: (077) 677-1993



SDCB RECORDS UNIT  
 2605310

Department of Education  
 Schools Division of the City of Batac  
**RECEIVED**  
 APR 06 2026  
 BY: [Signature] TIME: 10:00

APRIL 05, 2026

Mr. Anselmo R. Aludino  
 Schools Division Superintendent

Warm greetings!

Sir,

We are humbly reaching out to your good office to request permission to conduct a **Blood Letting Activity** across **ALL SCHOOLS DIVISION OF BATAC CITY, DEPARTMENT OF EDUCATION** in coordination with our organization. The primary objective of this activity is to **promote voluntary blood donation** and establish a **Blood Pool/Account** that **ALL TEACHERS** and **STAFF** under **DepEd** in Batac City will have access in times of medical emergencies involving **ALL employees and staff**.

Through this initiative, **ALL SCHOOLS DIVISION OF BATAC CITY** will have a readily available pool of blood donors and coordinated access to blood a supply when urgently needed. Through this program, we hope to build a network of volunteer donors and create a reliable support system for patients requiring immediate blood transfusion.

We are committed to working with accredited health professionals and ensuring that all procedures will follow proper medical standards and safety protocols.

In this regard, we humbly request your approval to:

1. Conduct a bloodletting activity **in all schools under the Schools Division of Batac City** at mutually convenient date for the month of **April or May 2026**.
2. Coordinate with **ALL schools under the Schools Division of Batac City** in organizing participants (employees, staff, and community volunteers). If possible, we hope the **Division of City of Batac** can help provide **at least 30 to 40** blood donors to support this activity.
3. Establish a blood pool/account under your **Division of City of Batac, Department of Education** for future medical needs.

We would be honored to partner with **Schools Division of Batac City, Department of Education** in this life-saving endeavor. Should you have any questions or require further details, please free to contact us at your convenience at 09455775762.

Thank you very much for your support and cooperation.

Respectfully yours,

*Roxanne P. Paraoan*  
**ROXANNE P. PAROAN, RN**  
 NURSE III- Donor Recruitment Officer  
 MMMHMC