



Republic of the Philippines
Department of Education
Cordillera Administration Region
DIVISION OF BAGUIO CITY



CERTIFICATE OF ENROLMENT

Date: _____

To Whom It May Concern:

This is to certify that _____ has been
enrolled in this school (_____)
for the School Year _____.

Principal/School Head/Registrar
(Signature over printed name)



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CERTIFICATE OF COMPLETION

Date: _____

To Whom It May Concern:

This is to certify that _____ has been
enrolled in this school (_____)
for the School Year _____ and have actually completed the said school year.

Principal/School Head/Registrar
(Signature over printed name)



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MEDICAL CERTIFICATE

(Date)

To Whom It May Concern:

This is to certify that I have personally examine _____
age _____ sex _____ born on _____ and have found that he/she is
fit to join and compete in the Lower Meets up to Palarong Pambansa 2012..

Event: _____

Physical Examination

Height _____ Weight: _____ Blood Pressure _____
Pulse, Resting _____ Respiratory Rate _____
Other Remarks: _____

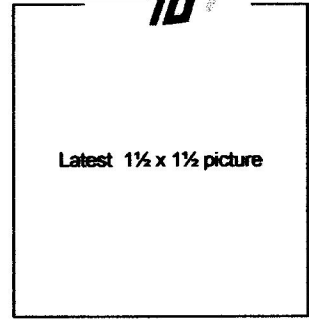
Physician/Medical Officer
(Signature over printed name)
License No. _____
PTR.: _____
Date: _____



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DENTAL HEALTH RECORD



Name: _____ Date: _____
Age: _____ Sex _____ Birth Date _____
Event: _____
Parent/Guardian: _____
Coach: _____

CONDITION AND TREATMENT NEEDS table with columns for tooth numbers (55-65, 18-28, 48-58, 85-95) and rows for CONDITION, TREATMENT NEEDS, and TEMPORARY TEETH.

Vertical checklist table for various dental conditions: GINGIVITIS, PRERIODICAL DISEASE, MALOCCLUSION, SUPERNUMERARY TOOTH, RETAINED DECIDUOUS, DECUBITAL ULCER, CALCULUS, CLEFT PALATE, ROOT FRAGMENT, FLUOROSIS, OTHERS (Specify).

Table with columns for YEAR LEVEL, DATE, EXAMINATION, SEALANT (G), PERMANENT FILLING, ART, EXTRACTION, ORAL PROPHYLAXIS, REFERRAL, and OTHER ORAL TREATMENT, followed by a large grid.

Vertical summary tables for TEMPORARY TEETH and DATE OF VISIT, including rows for INDEX D.F.T., NO. T/DECAYED, NO. T/FILLED, TOTAL D.F.T., and TOTAL SOUND TEETH.

- SYMBOLS FOR MOUTH EXAMINATION: X - TOOTH INDICATED FOR EXTRACTION, F - TOOTH INDICATED FOR FILLING, HEAVY SHADE - TOOTH WITH TEMPORARY FILLING, RC - RECURRENT CARIES, RF - ROOT FRAGMENT, M - MISSING TOOTH, DU - DECUBITAL ULCER, MAL - MALOCCLUSION, FLU - FLUOROSIS, Gn - NORMAL, Gm - MODERATE GINGIVITIS (1-2 QUADRANTS), Gs - SEVERE GINGIVITIS (3-4 QUADRANTS), CMR - COMPLETE MOUTH REHAB, () - SOUND ERUPTED PERMANENT TOOTH

- SYMBOLS FOR ACCOMPLISHMENT: Xt - EXTRACTED PERMANENT TOOTH, xt - EXTRACTED TEMPORARY TOOTH, Am - AMALGAM FILLING, Com - COMPOSITE FILLING, ARTIFICIAL RESTORATION: JC - JACKET CROWN, I - INLAY, OP - ORAL PROPHYLAXIS, ZOE - ZINC OXIDE EUGENOL FILLING, TF - TEMPORARY FILLING, R - REFERRED

REMARKS: _____

DENTIST
(signature over printed name)
PRC: LICENSE: _____



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PARENTAL CONSENT

I/We hereby willingly and voluntarily **give consent** to the participation of my son/daughter _____ in the **201 CARAA** to be held at the _____ on **February** _____ up to Palarong Pambansa 201.

I have considered the benefits that my son/daughter will derive from his/her participation in this activity with the understanding that due care and precaution will be observed to ensure the comfort and safety of the delegation and that DepEd employees and personnel may not be held responsible for any untoward incident that may happen beyond their control.

Signature of Father

Signature of Mother

Name of Father

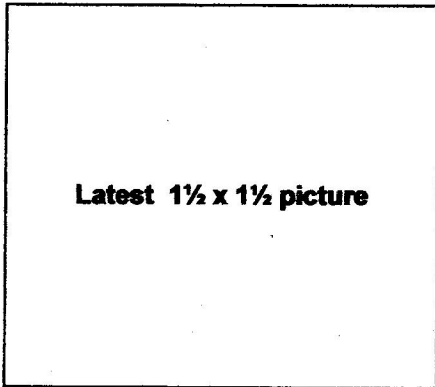
Name of Mother

Signature of Guardian over Printed name

(Relationship with Athlete)



AR-I (ATHLETE RECORD)



CORDILLERA ADMINISTRATIVE REGION
Region

DIVISION OF BAGUIO CITY
Division

A. PERSONAL DATA:

Name: _____ Sex: _____
(Last) (First) (M.I.)

Date of Birth: (mm/dd/yy) _____ Age: _____ Place of Birth: _____

School: _____

Address of School: _____

Home Address: _____

Parents: _____
Fathers Name Mother/Guardian

Address of Parents: _____

B. Athlete's Participation in Local/International Competition

Inclusive Dates	Sports Event	Athletic Meet	Remarks

Athlete's Signature

C. Athlete's Participation

This is to certify that based on our knowledge the above- mentioned athlete has participated in the lower meets.

Athletic meet	Coaches	Division PESS Supervisor
		Fernando B. Eleponga, Ed. D.

Screened by:

Division Meet

Regional Meet

(Signature over Printed Name)

(Signature over Printed Name)