


FIFTEENTH CONGRESS OF THE REPUBLIC )  
OF THE PHILIPPINES )  
First Regular Session )



Senate  
Office of the Secretary

'11 MAY 26 P2:31

SENATE  
S. No. **2845**

RECEIVED BY: 

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Introduced by Senator Miriam Defensor Santiago

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#### EXPLANATORY NOTE

The Constitution, Article II, Sections 13 and provide:

Section 13. The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs.

Section 15. The State shall protect and promote the right to health of the people and instill health consciousness among them.

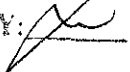
Access to quality basic services in health remains a major challenge for Filipino children. Eight out of ten children do not have access to early childhood services. A large number of very young children in the country have iron deficiency anemia. Older children suffer from soil-transmitted parasitic worms that cause malnutrition and diseases. Moreover, one in five Filipino school children is underweight.

This Act aims to provide school children access to quality health services through the public elementary and secondary schools.

  
MIRIAM DEFENSOR SANTIAGO

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1 AN ACT  
2 PROMOTING THE HEALTH OF CHILDREN ATTENDING PUBLIC ELEMENTARY AND  
3 SECONDARY SCHOOLS

*Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:*

4 SECTION 1. *Short Title.* – This Act shall be known as the “Public School Health Act.”

5 SECTION 2. *Declaration of Policy.* – It is hereby declared the policy of the State:

6 (a) To recognize the vital role of the youth in nation-building and promote and  
7 protect their physical, moral, spiritual, intellectual, and social well-being.

8 (b) To recognize the right of the child to the enjoyment of the highest attainable  
9 standard of health and to facilities for the treatment of illness and rehabilitation of health. It is  
10 the duty of the State to ensure that no child is deprived of his or her right of access to such health  
11 care services.

12 (c) To prioritize the delivery of basic social services in health and nutrition to  
13 children.

14 SECTION 3. *Definitions.* – In this Act, the term –

15 (a) “City school board” refers to the school board in a city, as established in Republic  
16 Act No. 7160, or the Local Government Code of 1991;

17 (b) “Division office/s” refers to the division offices of the Department of Education,  
18 as established in Republic Act No. 9155, or the Governance of Basic Education Act of 2001;

1 (c) "Municipal school board" refers to the school board in a municipality, as  
2 established in RA No. 7160;

3 (d) "Provincial school board" refers to the school board in a province, as established  
4 in RA No. 7160;

5 (e) "Regional director" refers to the head of a regional office of the DepEd;

6 (f) "Regional office/s" refers to the regional offices of the DepEd, as established in  
7 RA No. 9155; and

8 (g) "Schools division superintendent" refers to the head of a division office of the  
9 DepEd.

10 SECTION 4. *Compliance with Public Health Statutes and Regulations.* – Each division  
11 and regional office of the Department of Education shall maintain the facilities under its  
12 jurisdiction in accordance with the applicable public health statutes and rules and regulations  
13 issued by the Department of Health.

14 SECTION 5. *Guidelines on Physical Health Needs of Students.* – (a) The Secretary of  
15 Education shall (1) develop guidelines for addressing the physical health needs of students in a  
16 comprehensive manner that coordinates services, and (2) make available to each division and  
17 regional office a copy of the guidelines. The Secretary shall develop the guidelines after public  
18 consultations. Division and regional offices of the Department of Education may establish and  
19 implement plans based on the guidelines established by the Secretary.

20 (b) The guidelines shall include, but need not be limited to:

21 (1) plans for engaging students in daily physical exercise during regular  
22 school hours and strategies for engaging students in daily physical  
23 exercise before and after regular school hours in coordination with the  
24 parks and recreation offices of local governments;

25 (2) strategies for coordinating school-based health education, programs, and  
26 services;

- 1 (3) procedures for assessing the need for community-based services such as  
2 services provided by school-based health clinics, local parks and  
3 recreation agencies, family resource centers, and after-school programs;  
4 (4) procedures for maximizing monetary and other resources from local and  
5 national sources to address the physical health needs of students.

6 SECTION 6. *Required Immunizations.* – Each schools division superintendent shall  
7 require each child to be protected by adequate immunization against diphtheria, pertussis,  
8 tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenza type B, and any other  
9 vaccine pursuant to guidelines established by the Secretary of Education, in consultation with the  
10 Secretary of Health, before being permitted to enroll in any program operated by a public school  
11 under its jurisdiction. Any such child who (1) presents a certificate from a physician or  
12 government health clinic or hospital stating that initial immunizations have been given to such  
13 child and additional immunizations are in process under the said guidelines and schedules  
14 specified by the Secretary of Education; or (2) presents a certificate from a physician stating that  
15 in the opinion of such physician, such immunization is medically contraindicated because of the  
16 physical condition of such child; or (3) presents a statement from the parents or guardian of such  
17 child that such immunization would be contrary to the religious beliefs of such child; or (4) in  
18 the case of measles, mumps, or rubella, presents a certificate from a physician or from the health  
19 center in such child's present or previous town of residence, stating that the child has had a  
20 confirmed case of such disease; or (5) in the case of hemophilus influenzae type B has passed his  
21 or her fifth birthday; or (6) in the case of pertussis, has passed his or her sixth birthday, shall be  
22 exempt from the appropriate provisions of this section. The expenses of the immunizations shall  
23 be shouldered by the Department of Education from funds to be appropriated for the purpose.

24 SECTION 7. *Immunity from Liability.* – No government health clinic or hospital or  
25 public official who causes an immunization required by law to be administered shall be liable for  
26 civil damages resulting from an adverse reaction to a nondefective vaccine.

1           SECTION 8. *Appointment of School Medical Advisors.* – Each schools division  
2 superintendent shall appoint one or more legally qualified practitioners of medicine as school  
3 medical advisors. The advisor or advisors shall be assigned to the public schools. The schools  
4 division superintendent shall provide such medical advisors with adequate facilities to conduct  
5 health examinations of individual pupils and to discharge such duties as the schools division  
6 superintendent may prescribe. In municipalities or cities in which the Department of Health  
7 and/or the local government is maintaining such service substantially as required in connection  
8 with the school program of health supervision and other duties performed by school medical  
9 advisors, the local government shall appoint and assign, with the consent of the schools division  
10 superintendent, such advisors. Each schools division superintendent shall prescribe the functions  
11 and duties of the school medical advisor in order that the program of health protection and health  
12 supervision shall be carried out.

13           SECTION 9. *Duties of Medical Advisors.* – (a) Each school medical advisor shall make a  
14 prompt examination of all pupils referred to such medical advisor by the school nurse, teacher, or  
15 principal, and shall interpret to such nurse, teacher, or principal, and to the parents of each such  
16 pupil, such medical advisor's findings, with recommendations as to how the pupil should be  
17 cared for and what provisions, if any, should be made at the school for the care and welfare of  
18 such pupil. Each such school medical advisor shall also make examinations of teachers, janitors,  
19 and others in the employment of the school when requested to do so by the schools division  
20 supervisor or when, in such medical advisor's opinion, such examinations are necessary for the  
21 protection of health, provided such medical advisor shall accept the report of an equivalent  
22 physical examination by any reputable physician chosen by such teacher, janitor, or other  
23 employee in lieu thereof. Such medical advisor shall make such sanitary inspection of school  
24 buildings as, in such medical advisor's opinion, is necessary for the protection of the health of  
25 pupils. The school medical advisor shall take steps to preserve and improve the health of pupils  
26 in accordance with the statutes and rules and regulations by the Secretary of Health or the  
27 sanitary ordinances in force in such town or city.

1 (b) With the approval of the regional director, the school medical advisor may  
2 establish a diagnostic and treatment program for health and dental services to pupils, provided no  
3 costs incurred for such health service shall be charged the regional office without the approval of  
4 the regional director.

5 SECTION 10. *Health Assessments.* – (a) Each schools division superintendent shall  
6 require each pupil enrolled in the public schools to have health assessments pursuant to the  
7 provisions of this section. Such assessments shall be conducted by a legally qualified  
8 practitioner of medicine, an advanced practice registered nurse or registered nurse, or by the  
9 school medical advisor to ascertain whether such pupil is suffering from any physical disability  
10 tending to prevent such pupil from receiving the full benefit of school work and to ascertain  
11 whether such school work should be modified in order to prevent injury to the pupil or to secure  
12 for the pupil a suitable program of education. No health assessment shall be made of any child  
13 enrolled in the public schools unless such examination is made in the presence of the parent or  
14 guardian or in the presence of another school employee. The parent or guardian of such child  
15 shall receive prior written notice and shall have a reasonable opportunity to be present at such  
16 assessment or to provide for such assessment himself or herself.

17 (b) Each schools division superintendent shall require each child to have a health  
18 assessment prior to public school enrolment. The assessment shall include:

- 19 (1) a physical examination which shall include hematocrit or hemoglobin  
20 tests, height, weight, blood pressure, and chronic disease assessment;
- 21 (2) an updating of immunizations as required under section 6;
- 22 (3) vision, hearing, speech, and gross dental screenings; and
- 23 (4) such other information, including health and developmental history, as the  
24 physician feels is necessary and appropriate.

25 (c) The results of each assessment done pursuant to this section and the results of  
26 screenings done pursuant to section 21 shall be recorded on forms prescribed by the Secretary of  
27 Health. Such information shall be included in the cumulative health record of each pupil and  
28 shall be kept on file in the school such pupil attends. If a pupil permanently leaves the school

1 district under the jurisdiction of the schools division superintendent, the pupil's original  
2 cumulative health record shall be sent to the schools division superintendent of the school district  
3 to which such student moves. The schools division superintendent transmitting such health  
4 record shall retain a true copy. Each physician, advanced practice registered nurse, registered  
5 nurse, or physician assistant performing health assessments and screenings pursuant to this  
6 section and section 21 shall completely fill out and sign each form and any recommendations  
7 concerning the pupil shall be in writing.

8 (d) Appropriate school health personnel shall review the results of each assessment  
9 and screening as recorded pursuant to subsection (c) of this section. When, in the judgment of  
10 such health personnel, a pupil is in need of further testing or treatment, the schools division  
11 superintendent shall give written notice to the parent or guardian of such pupil and shall make  
12 reasonable efforts to assure that such further testing or treatment is provided. Such reasonable  
13 efforts shall include a determination of whether or not the parent or guardian has obtained the  
14 necessary testing or treatment for the pupil, and, if not, advising the parent or guardian on how  
15 such testing or treatment may be obtained. The results of such further testing or treatment shall  
16 be recorded pursuant to subsection (c) of this section, and shall be reviewed by school health  
17 personnel pursuant to this subsection.

18 SECTION 11. *Tests for Lead Levels.* – Each principal of a public school shall require  
19 each child attending the school to be tested for lead levels in the blood after consultation with the  
20 school medical advisor and the schools division superintendent that such tests are necessary.

21 SECTION 12. *Annual Report on Whether Pupil has Health Insurance.* – Each schools  
22 division superintendent shall require each pupil enrolled in the schools under his or her  
23 jurisdiction to annually report whether the pupil has health insurance. The Insurance  
24 Commissioner shall provide information on government-sponsored health insurance programs  
25 for children, including application assistance for such programs. Each schools division  
26 superintendent shall provide such information to the parent or guardian of each pupil identified  
27 as uninsured.

1           SECTION 13. *Exemption from Examination or Treatment.* – No provision of this Act  
2 shall be construed to require any pupil to undergo a physical or medical examination or  
3 treatment, or to be compelled to receive medical instruction, if the parent or legal guardian of  
4 such pupil or the pupil, if such pupil is an emancipated minor or is eighteen years of age or older,  
5 in writing, notifies the teacher or principal or other person in charge of such pupil that such  
6 parent or guardian or pupil objects, on religious grounds, to such physical or medical  
7 examination or treatment or medical instruction.

8           SECTION 14. *Physical Activity of Student Restricted.* – Each principal shall honor  
9 written notice submitted by a licensed practitioner which places physical restrictions upon any  
10 pupil enrolled in the public school.

11           SECTION 15. *Confidentiality of Records.* – (a) No record of any medical examination  
12 made or filed pursuant to this Act, or of any psychological examination made under the  
13 supervision or at the request of a schools division superintendent, shall be open to public  
14 inspection.

15           (b) Each health care provider who has provided immunizations or health assessments  
16 pursuant to this Act to a child who is seeking to enroll in a public school shall provide reports of  
17 such immunizations and health assessments to the designated representative of the school district  
18 governing the school in which the child seeks to enroll. Each schools division superintendent  
19 shall annually designate a representative to receive such reports from health care providers.

20           SECTION 16. *Notice of Disease to be Given Parent or Guardian.* – Subject to the  
21 provisions of section 13 notice of any disease or defect from which any child is found by such  
22 school medical advisor to be suffering shall be given to the parent or guardian of such child, with  
23 such advice or order relating thereto as such medical advisor deems advisable, and such parent or  
24 guardian shall cause such child to be treated by a reputable physician for such disease or defects.  
25 When any child shows symptoms of any communicable disease, notice shall also be given to the  
26 local health center and such child shall be excluded from attendance at such school and not  
27 permitted to return without a permit from the director of the local health center.



1           SECTION 17. *School Nurses.* – (a) Each schools division superintendent shall appoint  
2 one or more school nurses. Such school nurses may also act as visiting nurses in the town or  
3 city, may visit the homes of pupils in the public schools, and shall assist in executing the orders  
4 of the school medical advisor, and perform such other duties as are required by the schools  
5 division superintendent.

6           (b) School nurses appointed by the district or regional office and any nurse provided  
7 to a nonpublic school shall submit to a criminal history records check in accordance with  
8 appropriate rules and regulations.

9           SECTION 18. *Administration of Medications in Schools and at Athletic Events.* – (a) A  
10 school nurse may administer, subject to the provisions under this section, medicinal preparations  
11 to any student at such school pursuant to the written order of a licensed physician or dentist and  
12 the written authorization of a parent or guardian of such child. The administration of medicinal  
13 preparations by a principal, teacher, licensed physical or occupational therapist employed by a  
14 school district, or coach shall be under the general supervision of a school nurse. No such school  
15 nurse or principal, teacher, licensed physical or occupational therapist employed by a school  
16 district, or coach shall be liable to such student or a parent or guardian of such student for civil  
17 damages for any personal injuries that result from acts or omissions of such school nurse or  
18 principal, teacher, licensed physical or occupational therapist employed by a school district, or  
19 coach in administering such preparations that may constitute ordinary negligence. This  
20 immunity does not apply to acts or omissions constituting gross, willful, or wanton negligence.

21           (b) Each schools division superintendent who allows a school nurse or, in the absence  
22 of such nurse, the principal, any teacher, licensed physical or occupational therapist employed by  
23 a school district, or coach of intramural and interscholastic athletics of a school to administer  
24 medicine or who allows a student to self-administer medicine shall adopt written policies and  
25 procedures, in accordance with this section and the regulations adopted pursuant to this section.  
26 The policies and procedures shall be adopted in consultation with the school medical advisor or  
27 other qualified licensed physician.

1 (c) Each school wherein any controlled drug is administered under the provisions of  
2 this section shall keep such records thereof as are required of hospitals and shall store such drug  
3 in such manner as the statutes, rules, or regulations shall require.

4 (d) Nothing in this section shall be construed to prohibit the administering of  
5 medications by parents or guardians to their own children on school grounds.

6 SECTION 19. *Policies Prohibiting the Recommendation of Psychotropic Drugs by*  
7 *School Personnel.* – (a) For purposes of this section, “psychotropic drugs” means prescription  
8 medications for behavioral or social-emotional concerns, such as attentional deficits, impulsivity,  
9 anxiety, depression, and thought disorders, and includes, but is not limited to, stimulant  
10 medication and antidepressants.

11 (b) Each schools division superintendent shall adopt and implement policies  
12 prohibiting any school personnel from recommending the use of psychotropic drugs for any  
13 child. Such policies shall set forth procedures (1) for communication between school health or  
14 mental health personnel and other school personnel about a child who may require a  
15 recommendation for a medical evaluation; (2) establishing the method in which school health or  
16 mental health personnel communicate a recommendation to a parent or guardian that such child  
17 be evaluated by an appropriate medical practitioner; and (3) for obtaining proper consent from a  
18 parent or guardian of a child for the school health or mental health personnel to communicate  
19 about such child with a medical practitioner outside the school who is not a school employee.

20 The provisions of this section shall not prohibit (1) school health or mental health  
21 personnel from recommending that a child be evaluated by an appropriate medical practitioner;  
22 (2) school personnel from consulting with such practitioner with the consent of the parents or  
23 guardian of such child; (3) the planning and placement team from recommending a medical  
24 evaluation as part of an initial evaluation or reevaluation, as needed to determine a child’s (i)  
25 eligibility for special education and related services; or (ii) educational needs for an  
26 individualized education program.

27 SECTION 20. *Life-threatening Food Allegies.* – (a) The Secretary of Education, in  
28 consultation with the Secretary of Health, shall develop guidelines for the management of

1 students with life-threatening food allergies. The guidelines shall include, but need not be  
2 limited to: (1) educational and training for school personnel on the management of students with  
3 life-threatening food allergies; (2) procedures for responding to life-threatening allergic reactions  
4 to food; (3) a process for the development of individualized health care and food allergy action  
5 plans for every student with a life-threatening food allergy; and (4) protocols to prevent exposure  
6 to food allergens.

7 (b) Not later than ninety (90) days from the issuance of the guidelines developed  
8 pursuant to subsection (a) of this section, each division and regional office shall implement a  
9 plan based on said guidelines for the management of students with life-threatening food allergies  
10 enrolled in the schools under its jurisdiction.

11 SECTION 21. *Vision, Audiometric, and Postural Screenings.* – (a) Each schools division  
12 superintendent shall provide annually to each pupil a vision screening. The school principal  
13 shall give written notice to the parent or guardian of each pupil who is found to have any defect  
14 of vision or disease of the eyes, with a brief statement describing such defect or disease.

15 (b) Each schools division superintendent shall provide annually audiometric  
16 screening for hearing to each pupil. The school principal shall give written notice to the parent  
17 or guardian of each pupil found to have any impairment or defect of hearing, with a brief  
18 statement describing such impairment or defect.

19 (c) Each schools division superintendent shall provide annual postural screenings for  
20 each pupil. The school principal shall give written notice to the parent or guardian of each pupil  
21 who evidences any postural problem, with a brief statement describing such evidence.

22 (d) Test results or treatment provided as a result of the screenings pursuant to this  
23 section shall be recorded on forms pursuant to Section 10.

24 SECTION 22. *Eye-protective Devices.* – The Secretary of Education, in consultation with  
25 the Secretary of Health, shall make regulations concerning the use of appliances and devices for  
26 eye protection in the laboratories and workshops of all public and private elementary and  
27 secondary schools, including vocational technical schools. Such regulations shall prescribe the  
28 kind and construction of such appliances and devices and the times during which they shall be

1 used. The schools division superintendent shall be responsible for compliance with said  
2 regulations.

3 SECTION 23. *Health Services for Children in Private Nonprofit Schools.* – Each school  
4 district which provides health services for children attending its public schools shall provide the  
5 same health services for children attending private nonprofit schools therein.

6 SECTION 24. *Lunches, Breakfasts, and Other Feeding Programs for Public School*  
7 *Children and Employees.* – (a) Any provincial, city, or municipal school board may establish and  
8 operate a school lunch program for public school children, may operate lunch services for school  
9 employees, may establish and operate a school breakfast program, or may establish and operate  
10 such other child feeding programs as it deems necessary. Charges for such lunches, breakfasts,  
11 or other such feeding may be fixed by such boards and shall not exceed the cost of food, wages,  
12 and other expenses directly incurred in providing such services. Such board is authorized to  
13 purchase the necessary equipment and supplies, to employ the necessary personnel, to utilize the  
14 services of volunteers, and to receive and expend any funds, equipment, and supplies which may  
15 become available to carry out the provisions of this section. The board may vote to designate  
16 any volunteer organization within the locality to provide a school lunch program, school  
17 breakfast program, or other child feeding program in accordance with the provisions of this  
18 section.

19 (b) The provincial, city, or municipal school board is authorized to expend in each  
20 fiscal year funds to implement the feeding programs pursuant to this section.

21 SECTION 25. *Nonpublic School and Nonprofit Agency Participation in Feeding*  
22 *Programs.* – Nonpublic schools and nonprofit agencies may participate in the school breakfast,  
23 lunch, and other feeding programs provided under this Act pursuant to such regulations as may  
24 be promulgated by the provincial, city, or municipal school board, except such schools and  
25 agencies shall not be eligible for public funding.

26 SECTION 26. *Regulations on Nutrition Standards for School Breakfasts and Lunches.* –  
27 The Secretary of Education, in consultation with the Secretary of Health, shall adopt regulations

1 concerning nutrition standards for breakfasts and lunches provided to students by provincial,  
2 city, or municipal school boards.

3 SECTION 27. *Nutrition Standards for Food that is Not Part of Breakfast or Lunch*  
4 *Program.* – The Secretary of Education, in consultation with the Secretary of Health, shall  
5 annually publish a set of nutrition standards for food items offered for sale to students at schools.

6 SECTION 28. *Certification that Food Meets Nutrition Standards.* – Each schools  
7 division superintendent shall certify to the provincial, city, or municipal school board in the  
8 annual application for school lunch funding whether, during the school year for which such  
9 application is submitted, all food items made available for sale to students in schools under his or  
10 her jurisdiction will meet the nutrition standards pursuant to sections 25 and 26. Such  
11 certification shall include food offered for sale to students at all times, and from all sources,  
12 including, but not limited to, school stores, vending machines, school cafeterias, and any activity  
13 on school premises, whether or not school sponsored.

14 SECTION 29. *In-classroom School Breakfast Pilot Program.* – (a) There is established  
15 an in-classroom school breakfast pilot program. The Department of Education shall maintain a  
16 competitive grant program for the purpose of assisting severe need schools, as defined by  
17 appropriate regulations, to establish in-classroom school breakfast programs.

18 (b) Applicants for grants provided pursuant to subsection (a) of this section shall  
19 apply annually to Secretary of Education at such time and in such manner as the Secretary  
20 prescribes. In determining whether to award an applicant a grant for an in-classroom school  
21 breakfast program, the Secretary shall consider, at a minimum, the following factors: (1) the  
22 specific objectives and description of the proposed program; (2) the cost of the proposed  
23 program; (3) the number of children who will benefit from the proposed program; and (4)  
24 whether the proposed program is likely to increase the number of students receiving nutritious  
25 breakfasts.

26 SECTION 30. *Rules and Regulations.* – The Secretary of Education shall promulgate the  
27 implementing rules and regulations within ninety (90) days after the approval of this Act.

1 SECTION 31. *Separability Clause.* – If for any reason, any portion or provision of this  
2 Act shall be declared unconstitutional, other parts or provisions hereof which are not affected  
3 thereby shall continue to be in full force and effect.

4 SECTION 32. *Repealing Clause.* – All laws, decrees, executive orders, rules and  
5 regulations, part or parts thereof, inconsistent with the provisions of this Act, are hereby repealed  
6 or modified accordingly.

7 SECTION 33. *Effectivity Clause.* – This Act shall take effect fifteen (15) days following  
8 its publication in at least two (2) newspapers of general circulation.

Approved,

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