**MINUTES OF MEETING**

**Family Health Cluster**

**Consultative Meeting on School-Based Health Programs**

**Date: \_\_\_\_\_\_\_\_\_\_\_**

Present:

(see attached attendance sheet)

1. Meeting was called to Order by the Program Coordinator
2. Reading of minutes of previous meeting
3. Matters discussed were as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **TOPICS** | **DISCUSSIONS** | **AGREEMENTS/ RECOMMENDATIONS** | **RESPONSIBLE PERSON** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Other concerns:

There being no other matters to be discussed, the meeting was adjourned at 12:40 noon.

Prepared by: Noted by:

DMO III, Family Health Cluster Head, Family Health Cluster

Approved by:

**JANICE KATHLEEN R. MALESIDO MD, MPH**

Chief, Local Health Support Division