| Republic of the Philippines Department of Education Region X – Northern Mindanao DIVISION OF TANGUB CITY | A Contraction of Contraction |
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| Anecito Siete St., Mantic, Tangub City | |
| E-mail: <u>tangub.city@deped.gov.ph</u> Website: <u>www.depedtangub.net</u> Telephone: (088) 54 | BARE d BIVISION OF FARSUR CITY |
| | October 29, 2019 E D |
| DIVISION MEMORANDUM | 10 00 10 |
| No. <u>300</u> , s. 2019 | BATE: 10-29-19 |

PARTICIPATION TO THE 44TH GIRL SCOUTS OF THE PHILIPPINES (GSP) COUNCILWIDE CAMP

To: Chief, Curriculum Implementation Division Chief, School Governance and Operations Division Public & Private Elementary and Secondary School Heads All others concerned This Division

1. Pursuant to Girl Scouts of the Philippines Misamis Occidental Council Circular re: 44th GSP Councilwide Camp on November 20 – 24, 2019 at Baliangao School of Fisheries, Baliangao, Misamis Occidental with the theme: "Leading is Serving: Girl Scouts in Nation – Building", this Office calls for interested participants with the following:

- a. Fee:
 - Registration Fee is Five Hundred Pesos (Php 500.00) per delegate (girl & adult) to cover the cost of campers guide, kits, tokens, rental of venue & facilities and other incidental and relevant expenses.
 - Registration Fee and Travelling Expenses of Participants may be charged to PTA funds, school scouting funds, funds sourced from other stakeholders/ personal funds subject to the usual accounting and auditing rules and regulations.
- b. Participants:
 - Junior & Senior Girl Scouts; a minimum of 1 patrol or 8 girls per Troop Leader. No limit as to the number of participants per school/ district provided the ratio of 1:4 for Juniors and 1:8 for Seniors is observed.

c. Qualification:

- 1. All delegates must be registered Girl Scouts as of October, 2019
- 2. Must be physically fit with Health Examination Form duly signed by the participant and physician
- 3. Must have attended the School/ District Encampment
- 4. With parental consent
- d. Arrival in Camp: November 20, 2019 8:00 AM onwardsDeparture: November 24, 2019 (After Closing Program)
- e. Things to bring:

Individual:

- > Toiletries and other personal belongings
- Personal medicines
- > Official GS Uniform pins, strips, belt, scarf

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Republic of the Philippines Department of Education Region X – Northern Mindanao **DIVISION OF TANGUB CITY**



Anecito Siete St., Mantic, Tangub City

E-mail: tangub.city@deped.gov.ph Website: www.depedtangub.net Telephone: (088) 545-0304 Telefax: (088) 395-3372

- > White socks for the Official uniform
- Camp Uniform (GSP Cap)
- > Green knee socks for the camp uniform
- ➢ Sit-upon
- Sweaters/ Jackets/ Raincoats, extra shirts
- Close black shoes/ rubber shoes
- Sleeping garments/ bedroll
- > Flashlight
- Writing materials; drawing tools (crayon/ water color; glue or paste; scissors, etc.)
- Camera (Optional)
- Casual & semi-formal attire
- Jogging pants
- ▶ 1 candle for Escoda Ceremony
- Patrol:
 - > Cooking utensils, eating utensils, food containers for food
 - Water containers for water storage
 - > Complete patrol gadgets (L-shaped preferred) no using of nails
 - Sleeping gadgets must be off-the-ground (Folding bed not allowed)
 - Extension wire/ electric bulb
 - Plastic black bags for waste segregation

Dress Code:

- Official uniform during ceremonies like Colors, Opening & Closing, Scout's Own
- Casual attire for Socialization
- Semi-formal for other events
- > Jogging pants for physical fitness
- > Camp uniform for outdoor adventures and other challenges
- f. Search for Miss Junior 2019 and Miss Senior 2019
 - Each district/ school must have a candidate for the search for Miss Junior 2019
 - Miss Junior 2019
 - Miss Senior 2019
 - Registration of Two Hundred Pesos (Php 200.00) per candidate.
 - Final canvassing is scheduled on November 21, 2019 at 9:00 o'clock in the morning
 - Votes to be cast for the candidate should be in CASH (Checks not accepted); only 50% will be dropped in the box
 - Sharing: 50% for the sponsoring candidate
 - 10% for operational expenses during coronation 40% Council Share
- g. Deadline on the Confirmation of delegates on or before November 12, 2019 for preparation of ID's and Camper's Guide
 - (Please fill-up the Reply Slip below)
- h. Forms to be submitted:
 - 4 Application for Girls
 - 4 Approved Parent's Consent Form
 - 4 Health Examination Form duly signed by a physician

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2. Teacher/ Troop Leader to this 44th GSP Councilwide Camp are entitled to service credits depending on the number of hours they rendered services on Saturday and Sunday pursuant to DepEd Order No. 86, s. 2012 which reiterates DECS Memorandum No. 143, s. 1997 provides that service credits shall be granted for attendance in scouting activities.

3. Attached herewith are the Reply Slip and Application Form for Girl and Adult with Parents or Guardian Consent Form and Health Examination Form (reproduce as needed).

4. Should there be any queries about the event, please feel free to visit GSP Misamis Occidental Council or call the council in this number 09098499313.

5. Immediate dissemination of this Memorandum is highly enjoined.

JEAN G. VELOSO, CESO VI

Assistant Schools Division Superintendent Officer In-Charge, Office of the Schools Division Superintendent

JGV/ abm/ 10/29/19

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REPLY SLIP

Kindly fill up this Reply Slip and return to the Council on or before November 12, 2019 for preparation of ID's & Campers' Guide.

To : Council President

From : _____

Re : District Confirmation 44th GSP COUNCILWIDE CAMP

We are sending ______ delegates to the **44**th **GSP Councilwide Camp** at Baliangao School of Fisheries, Baliangao, Misamis Occidental.

Noted:

District Field Adviser

District Commissioner



GIRL SCOUTS OF THE PHILIPPINES Misamis Occidental Oroquieta City

APPLICATION FORM

(Girl & Adult)

| EVENT | | |
|--------------------------------|---------------------|----------------------|
| DATE | | |
| PERSONAL DATA: | | |
| NAME | | |
| | irst Name) PLACE | (Middle Name) AGE |
| HOME ADDRESS | | |
| TROOP NO DISTRICT | | |
| DATE OF LAST REGISTRATION | | |
| RELIGIOUS AFFLIATION | | |
| NO. OF YEARS OF SCOUTING: STAR | JUNIOR | SENIOR |
| CAMP/SPECIAL EVENT ATTENDED: | | |
| | | |
| | | |
| in case of emergency, Notify | | |
| Relationship | | |
| Address | | |
| Telephone No. | | |

PARENTS OR GUARDIAN CONSENT

| This | is | to | inform | you | that | I | consent | to | the | attendance | and | participation | of | my | dau | ghter |
|------|----|----|--------|-----|------|-----|---------|----|-----|------------|-----|--|----|------|-------|-------------------------------|
| | | | | | | | | | | | | | | | at | the |
| | | | | - | | | | | | | | | | to 1 | be he | eld at |
| | | | | - | | *** | | | | | 01 | 1 | | | | |
| | | | | | | | | | | | | Contraction of the second | | | | The Party of the Party of the |

I have considered the benefits that my daughter will derived from her participation in this activity with the understanding that every precaution is to be taken to ensure her safety. I shall not hold the Camp Staff and the Girl Scouts of the Philippines responsible for any untoward accident that may happen beyond their control. Her physical fitness is assured at the back.

Signature of Parents/Guardian

| Event | Date of Arrival at Camp |
|--|--|
| Place of birth | Date of birth |
| Address | · · · · · · · · · · · · · · · · · · · |
| In case of emergency notify | |
| Address | |
| | |
| | |
| TO BE FILLED OUT BY A | A LICENSED DOCTOR OF MEDICINE |
| | |
| NAME OF PHYSICIAN | NOAPHOAL |
| Date of Examination | |
| | |
| (Please do not leave space blank. Use t | term negative if condition is normal. If condition |
| abnormal, indicate diagnosis.) | |
| I HAVE TODAY EXAMINED APPLICAN | NT AND CONSIDER HER IN EXCELLENT |
| GOOD EXCELL | ENT FAIR |
| Learning of the second se | |
| IS APPLICANT EASILY FATIGUED? | IS APPLICANT HAD ILLNESS O |
| OPERATION DURING THE PAST YEAR | R THAT SHOULD RESTRICT ACTIVITY. |
| | |
| DOES APPLICANT HAVE EPILEPSY? _ | |
| HAS SHE BEEN IMMUNIZED AGAINST | Г? |
| TETANUS WHEN | POLIOMYELITIS WHEN |
| TYPHOID WHEN | SMALL POX WHEN |
| | |
| HAS SHE RECEIVED PREVIOUS INJEC | TIONS OF HORSE SERUM? |
| | |
| | |

Examining Physician