



Republic of the Philippines

Department of Education

Region VII, Central Visayas

**DIVISION OF CEBU PROVINCE**

Sudlon, Lahug, Cebu City



**October 22, 2015**

**Division Memorandum**

No. 721 s. 2015

**REGIONAL JUNIOR, SENIOR AND CADET ENCAMPMENT**

To: Division Field Commissioners  
District/School Commissioners  
Secondary School Commissioners  
Heads, Private Elementary and Secondary Schools

1. Attached is a communication from Girl Scouts of the Philippines (GSP) Cebu Council dated September 8, 2015, informing the field on the conduct of the **Visayas Regional Junior, Senior and Cadet Encampment on October 23-28, 2015 at the Marina Yulo-Vargas Regional Program and Training Center, Capitol Hills, Cebu City**, for the information and guidance of all concerned.
2. Travelling and other incidental expenses incurred in connection to the participation to this activity shall be chargeable against **GSP Cebu Council/Personal/Solicited/Special Education (SEF) Funds**, subject to their availability and the usual accounting and auditing rules and regulations.
3. For more details, refer to the attached communication.
4. Immediate and wide dissemination of this Memorandum is desired.

**ARDEN D. MONISIT, Ed.D.**  
Schools Division Superintendent

Telephone Numbers:

Schools Division Superintendent:	(032) 255-6405
Asst. Schools Division Superintendent:	(032) 414-7457
Accounting Section:	(032) 254-2632
Disbursing Section:	(032) 255-4401
Administrative Section:	(032) 252-7047

Website : [www.depedcebuprovince.com](http://www.depedcebuprovince.com)

E-mail Add : [depedcebuprovince@yahoo.com](mailto:depedcebuprovince@yahoo.com)



# GIRL SCOUTS OF THE PHILIPPINES

Cebu Council

September 8, 2015

**DR. ARDEN D. MONISIT**  
Schools Division Superintendent  
Department of Education  
Cebu Province Division

Dear Dr. Monisit:

This is to announce the schedule of the Visayas Regional Junior, Senior and Cadet Encampment which will be held on October 23-28, 2015 at the Marina Yulo-Vargas Regional Program and Training Center, Capitol Hills, Cebu City.

**Event: REGIONAL JUNIOR, SENIOR AND CADET ENCAMPMENT**

**Date & Venue: October 23-28, 2015  
MYVRPTC, Cebu City**

**Theme: "Girl Scout: Lead, Promote, Serve"**

**Participants: Junior – minimum of four (4) patrols of eight (8) girls with two (2) Adult Leaders per patrol  
Senior – minimum of four (4) patrol of eight (8) girls with one (1) Adult Leader per Council**

**Camp Fee: P2, 800.00 per camper  
To cover food, accommodation, program materials, souvenirs with t-shirt and tours**

**First meal is breakfast of October 23, 2015 and last meal is supper of October 28, 2015.**

**Arrival and Settling Down: October 23, 2015 morning**  
**Opening Ceremony : October 24, 2015 at 9:00 am**  
**Closing Ceremony : October 28, 2015 at 9:00 am**

#### Qualifications of Participants:

- Girls:**
- must be registered Junior, Senior & Cadet Girl Scouts as of November 30, 2015
  - must have attended troop camp/council encampment
  - must be physically fit and alert as certified by a licensed physician
  - must have earned at least one badge under the challenge of Environment, Preparedness, Arts, Eco-Self Sufficiency, Heritage and Citizenship
- Adult:**
- must be a registered Troop Leader as of November 30, 2015
  - must have undertaken the Outdoor Leadership Course or must be a Campcraft Certificate Holder
  - must have attended or served as staff during council encampment
  - must be physically fit to undergo the rigor of outdoor life
  - must know and understand her girls
  - must know simple First Aid

**\* A Physical re-check shall be conducted upon arrival in camp. We require each Girl to bring her Health Form during the physical re-check in camp.**

The activities shall include:

- Junior:** Martial Arts, Handicraft, Adventure Games, Disaster Preparedness, and Tours  
**Senior/Cadet:** Rock Climbing/Rappelling, Martial Arts, Disaster Preparedness, Ham Radio, Mural Painting, Handicraft, and Tours

Things to Bring:

**Individual**

- 2 sets of Official Uniform complete with GS paraphernalia & GS cap
- 2 sets of Camp Uniforms with green socks
- Closed black shoes, rubber shoes, slippers
- Shoe polish kit
- Comfortable working clothes
- Sleeping garments (preferably pajamas)
- Several changes of underwear
- Face and bath towel
- Casual dress
- Native costume
- Physical fitness outfit
- Swim suit and swim cap
- Denim/maong pants
- Art materials
- Medical Certificate and Parents Consent
- Rain coat
- Outdoor beddings: oil cloth and blanket
- Bedrolls / sleeping bag
- Secret knife
- Flashlight
- Water canteen
- Sit-upon
- Sewing kit
- Writing materials
- Set of eating utensils (plastic plate, spoon, fork, cup & saucer, tumbler, knife, cloth napkin, all these placed in a drawstring bag)

**Patrol Equipments / Miscellaneous**

- 1 set square tent per patrol for quarters
- Fly tent
- Cooking utensils
- Water jug / container
- Pails/dippers, basins
- Materials for light gadgets
- Bolo / trowel, stick broom
- Kaper's Chart
- Plastic bag (large) for litters enough for the duration
- First Aid kit
- Kerosene lantern / emergency lamp for quarters, dining and kitchen
- List of contingent

Attached are the following: - Application Form for the Girls with Parent's Consent  
- Health Examination Form

We do hope you can send participants to this event from your school or district.

We truly appreciate your support which strengthens our concerted effort to maintain quality Girl Scouting program both for the girls and adult members.

Sincerely yours,

  
**JO ANN MARIE P. JAYME**  
Council Executive

CC: Mrs. Jane O. Gurrea  
Division Scouting Coordinator

GIRL SCOUTS OF THE PHILIPPINES  
NATIONAL HEADQUARTERS  
MANILA

**APPLICATION FORM**  
(GIRL)

Event: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL DATA:**

Name: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ LAST \_\_\_\_\_ Age: \_\_\_\_\_ MIDDLE \_\_\_\_\_ Home Address: \_\_\_\_\_ FIRST \_\_\_\_\_

Troop Number: \_\_\_\_\_ Council: \_\_\_\_\_ Date of Last Registration: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Number of Years in Scouting: \_\_\_\_\_

Camps/Special Events Attended:

<u>Event</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

In emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PARENT'S CONSENT**

This is to certify that I have given full consent for my daughter  
\_\_\_\_\_ to participate at the \_\_\_\_\_  
\_\_\_\_\_.

I have considered the benefits that my daughter will derive 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 Girl Scouts of the Philippines or its representative responsible for any untoward accident that may happen beyond their control. Her physical fitness is assured in a medical examination.

\_\_\_\_\_ Signed: \_\_\_\_\_  
Date Parent/Guardian

**CERTIFICATION & ENDORSEMENT**

We hereby certify that the applicant has met all requirements for participation in this event.

\_\_\_\_\_ Troop Leader  
\_\_\_\_\_ Council President \_\_\_\_\_ Council Executive

**GIRL SCOUTS OF THE PHILIPPINES  
NATIONAL HEADQUARTERS  
MANILA**

**HEALTH EXAMINATION FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Surname First Middle

Parent Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number Town/City Province

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**HEALTH HISTORY: (check - giving approximate dates)**

Frequent Colds \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Chickenpox \_\_\_\_\_

Abscessed Ears \_\_\_\_\_ Convulsion \_\_\_\_\_ Mumps \_\_\_\_\_

Fainting \_\_\_\_\_ Sleep Walking \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Frequent Sore Throats \_\_\_\_\_ Measles \_\_\_\_\_

Sinusitis \_\_\_\_\_ Heart Trouble \_\_\_\_\_

Bronchitis \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Stomach Upset \_\_\_\_\_ Athlete's Foot \_\_\_\_\_

Constipation \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Operations or serious injuries \_\_\_\_\_ Diabetes \_\_\_\_\_

**Allergic Reactions:**

Penicillin \_\_\_\_\_ Other Drugs \_\_\_\_\_

Details of above or additional information \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_  
 Restricted? \_\_\_\_\_

**IMPORTANT :** Please notify the camp if this applicant is exposed to any communicable disease during the three weeks prior to camp attendance.

Suggestions from Parent/Guardian \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ : in case of Surgical Emergency : I hereby  
 \_\_\_\_\_ give permission to the physician  
 \_\_\_\_\_ : selected by the camp director to hospitalize, :  
 \_\_\_\_\_ secure prior treatment for, and to order  
 \_\_\_\_\_ : injection, anesthesia or surgery for my  
 \_\_\_\_\_ : daughter as named above.  
 \_\_\_\_\_ :  
 \_\_\_\_\_ Signature \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

PHYSICAL EXAMINATION - to be filled out by licensed physician

Code V - Satisfactory

X - Not Satisfactory (explain)

Height _____	Blood Pressure _____	Circulatory System _____	Blood Analysis _____
Weight _____		Urinalysis _____	
Eyes _____		Loco-motor System _____	
Eye glasses _____		Nervous System _____	
Ears _____		Skin _____	
Nose _____		Allergy - Please specify _____	
Throat _____			
Teeth _____			
Heart _____		General Appraisal _____	
Lungs _____		Menstrual History _____	
Abdomen _____			
Genitalia _____			
Kernia _____			

Recommendations and restrictions (diet, medicine, swimming, diving, etc.)

---

---

---

---

Immunizations:

D.P.T Series _____	Booster _____	Date _____	Tetanus Booster _____	Date _____
Typhoid Series _____	Booster _____	Date _____	(if requires by camp)	
Small Pox _____			Date _____	

\_\_\_\_\_  
Examining Physician

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_