



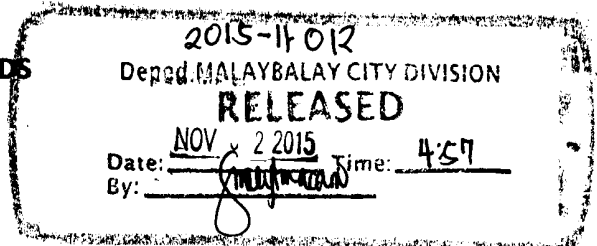
DEPARTMENT OF EDUCATION  
Region X- Northern Mindanao  
**DIVISION OF MALAYBALAY CITY**  
Purok 6, Casisang, Malaybalay City



Telefax: (0880 or 088) 221-4597 email: depedmlblycity@yahoo.com

**DIVISION ADVISORY**

TO: **Chief Education Supervisors – CID & SGOD**  
**Public School District Supervisors/OIC - PSDS**  
**Elementary and Secondary School Heads**  
This Division



FROM: *Edilberto L. Oplenaria*  
**EDILBERTO L. OPLENARIA, CESO VI**  
Schools Division Superintendent

DATE: November 2, 2015

SUBJECT: **PROVINCIAL WIDE - ENCAMPMENT**

1. For information and guidance of all concerned, this office hereby disseminates GSP Council Circular # 9 FY 2014-2015, series of 2015, inviting all girls to attend higher encampment in the council level, the content of which is self explanatory.
2. Interested pupil/student participants from the public elementary and secondary schools for the Provincial – Wide Encampment must meet the herein requirements and qualifications as stipulated in the attached guidelines with corresponding parents permit and medical certificate attesting the physical fitness of the participant to join the activity.
3. Immediate dissemination of this Division Advisory is desired.

Attached:  
Letter from GSP Bukidnon Council  
Application Form  
Health Examination Form  
Parent's Consent Form

TO BE POSTED IN THE WEBSITE



Council Circular # 9  
 FY 2014-2015  
 Series of 2015

**TO:** DIVISION COORDINATORS, PUBLIC SCHOOLS DISTRICT SUPERVISORS, SECONDARY SCHOOL PRINCIPALS, PUBLIC AND PRIVATE ELEMENTARY SCHOOL PRINCIPALS, DISTRICT FIELD ADVISERS AND SECONDARY SCHOOL COORDINATORS, TROOP LEADERS, DISTRICT COMMITTEES, BARANGAY COMMITTEES AND PARENTS

**RE:** PROVINCIAL-WIDE ENCAMPMENT

**DATE:** October 19, 2015

Greetings!

Bukidnon Council will once again offer opportunity to our girls to attend higher encampment in the council level. It is the movement's main goal to provide program opportunities to develop their potential and to become the leaders of their generation and of the future.

**What:** PROVINCIAL-WIDE ENCAMPMENT  
**When:** November 19-22, 2015  
**Where:** Camp Osito Bahian, BCT, Impalambong, Malaybalay City  
**Fee:** **Php 600.00** per delegate (girls & adults)  
 (to cover food, fare during offsite adventures, program and required activity materials.)

**Participants:** Junior/Senior/Cadet Girl Scouts  
 Adult Chaperon: 2 for every 6-8 Junior Girl Scouts  
 1 for every 6-8 Senior/Cadet Girl Scouts

**Qualification:**

1. Participant must be registered
2. Must be physically fit with Health Examination Form duly signed by the participant and physician.
3. Must have attended a patrol/school/district camp.

**Arrival in Camp:** November 19, 2015 - First Meal (Afternoon Snacks)  
**Departure** : November 22, 2015 - Last Meal (Morning Snacks)

Things to bring:

**Personal things**

- 2 Sets of Official complete uniform-pins, strips, belt, scarf
- 2 set of Camp uniforms (GSP cap)
- Lunch box/sit-upons
- Jacket/sweater/extra shirts
- Toiletries (soap, napkins, toothpaste, toothbrush, etc)
- close black shoes/rubber shoes
- Flashlight
- Sleeping garments/bedroll
- White socks/green socks
- Set of eating utensils
- Personal Medicines
- Writing and Art materials (scissors, coloring pens, art paper, glue)

**Patrol Equipment**

- Patrol/Staff Tent
- Fly Tent for kitchen area
- Twine/straw
- Cooking Utensils
- Plastic black bags for waste segregation
- Cooking/eating equipments
- Poles/bamboo slats for gadgets
- Emergency lamps
- First Aid Kit
- Plastic Sheet for the grounds
- Bolo

**Optional**

- Camera

Deadline of Confirmation of delegates: November 10, 2015

Please find the following enclosures to be submitted to the Council Office.

1. Application Form for Girl
2. Application Form for Adult
3. Parent's Consent
4. Health Examination Form

Updated information will be sent to you as soon as the Central Staff will finalize all the mechanics and technicalities of the event.

For queries, please contact mobile no. 09175164317.

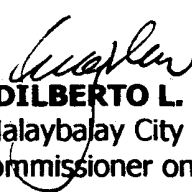
May we have a fruitful and successful Provincial Encampment.

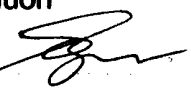
  
**LOLITA L. GARCIA**  
Council President

  
**CHRISTY B. DAMASCO**  
Council Executive

Approved:

  
**JESNAR DEM S. TORRES, Ph.D.**  
SDS, Bukidnon Division  
GSP Commissioner on Administration

  
**MR. EDILBERTO L. OPLENARIA**  
SDS, Malaybalay City Division  
GSP Commissioner on Administration

  
**BERTILLA B. RAYOS, Ph.D.**  
SDS, Valencia City Division  
GSP Commissioner on Administration

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**REPLY SLIP**

(to be returned on or before November 10, 2015)

From: \_\_\_\_\_  
To: Bukidnon GS Council  
RE: Confirmation of participation in the Provincial-wide GSP Encampment  
Date: \_\_\_\_\_

\_\_\_\_\_ No. of Girls

\_\_\_\_\_ No. of Adults

Submitted by:

\_\_\_\_\_  
DFA/School Coordinator

**GIRL SCOUTS OF THE PHILIPPINES  
EASTERN MINDANAO REGION  
BUKIDNON COUNCIL**

**APPLICATION FORM FOR GIRLS**

Council : BUKIDNON

Region: EMRO

EVENT: \_\_\_\_\_  
PLACE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**PERSONAL DATA:**

1. Name \_\_\_\_\_  

	Last	Middle	First
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2. Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_ Civil Status \_\_\_\_\_
3. Home Address \_\_\_\_\_
4. School Address \_\_\_\_\_
5. Parents/Guardian \_\_\_\_\_
6. Person to notify in case of Emergency:

Name _____	Relationship _____
Address _____	Tel. No. _____
7. Special Interest/Hobbies \_\_\_\_\_
8. Religious Affiliation \_\_\_\_\_
9. Food Prohibition \_\_\_\_\_
10. Special Awards/Recognition Received \_\_\_\_\_

**SCOUTING DATA:**

1. Age level \_\_\_\_\_ Troop No. \_\_\_\_\_ Troop Leader \_\_\_\_\_
2. Date of Last Registration \_\_\_\_\_ Registration Form Serial No. \_\_\_\_\_
3. Scouting Experience:

No. of Years	Eight Point Challenge Badges Earned	Council/Regional/National Events Participated
Twinkler _____	_____	_____
Star _____	_____	_____
Junior _____	_____	_____
Senior _____	_____	_____

Latest Council/National/Regional/International Events Participated:	Date
Events _____	_____
_____	_____

**Scouting Awards Received**

- **AFFILIATION WITH OTHER ORGANIZATIONS OTHER THAN GSP/LOCAL ASSOCIATION OF GUIDES/SCOUTS.**

Name of Organization	Position	Year
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Applicant Signature

Noted:

\_\_\_\_\_  
Troop Leader

Endorsed by:

\_\_\_\_\_

**GIRL SCOUTS OF THE PHILIPPINES**  
**EASTERN MINDANAO REGION**  
 Bukidnon Council

**APPLICATION FOR ADULT**

Region: EMRO District Committee \_\_\_\_\_  
 Council: BUKIDNON Municipality \_\_\_\_\_

EVENT: \_\_\_\_\_  
 PLACE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**PERSONAL DATA:**

1. Name \_\_\_\_\_  
   Last    Middle    First
2. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Civil Status \_\_\_\_\_
3. Home Address \_\_\_\_\_
4. School Office \_\_\_\_\_
5. Person to notify in case of Emergency:  
     Name \_\_\_\_\_ Relationship \_\_\_\_\_  
     Address \_\_\_\_\_ Tel. No. \_\_\_\_\_
6. Religious Affiliation \_\_\_\_\_
7. Food Prohibition \_\_\_\_\_
8. Areas of Interest and Hobbies (specify)  
   Teach \*    Lead    Others  
  \_\_\_\_\_  
  \_\_\_\_\_

**SCOUTING DATA:**

1. Position in Scouting:  
     Troop \_\_\_\_\_ Age Level & Troop No. \_\_\_\_\_  
     District \_\_\_\_\_  
     Council \_\_\_\_\_  
     Others \_\_\_\_\_
2. Date of Last Registration \_\_\_\_\_ Registration Form Serial No. \_\_\_\_\_
3. No. of Years in Scouting: As a Girl \_\_\_\_\_  
   As an Adult \_\_\_\_\_
4. Scouting Qualifications:  
     Training Credentialed \_\_\_\_\_  
     Camping Qualification Earned \_\_\_\_\_ Date Earned \_\_\_\_\_  
  \_\_\_\_\_  
  \_\_\_\_\_

5. Scouting/Events/Training Activities Participated in:

Events/Activities	Nature of Participation	Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
 Applicant Signature

Endorsed: \_\_\_\_\_

Approved: \_\_\_\_\_  
                     District Field Adviser  
 \_\_\_\_\_  
                     School Head

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Date

GIRL SCOUTS OF THE PHILIPPINES  
EASTERN MINDANAO REGION  
TORIL, DAVAO CITY

HEALTH EXAMINATION FORM

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Nationality \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

In case of Emergency specify \_\_\_\_\_ Phone \_\_\_\_\_

Past Personal History (To be filled up by Applicants before presentation to Physician)

Illness suffered:

Previous accident or injury

Surgical operation, if any \_\_\_\_\_

Allergy (drugs, food or materials, etc.)

Blood type

Immunization (Give the kind and date) \_\_\_\_\_

Suggestion

In case of emergency, I hereby give  
Permission to the Physician to give proper treatment  
under injections, hospitalize, give anesthesia or  
perform surgery for my daughter.

\_\_\_\_\_  
Signature of Parents/Guardian

\_\_\_\_\_  
Date

PHYSICAL EXAMINATION: To be filled out by a licensed physician

Code V - Satisfactory

X - Not Satisfactory (explain)

Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Weight \_\_\_\_\_

Eyes \_\_\_\_\_

Eye glasses \_\_\_\_\_

Ears \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Teeth \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Circulatory System \_\_\_\_\_

Blood Analysis \_\_\_\_\_

Urinalysis \_\_\_\_\_

Loco-Motor System \_\_\_\_\_

Nervous System \_\_\_\_\_

Skin \_\_\_\_\_

Allergy (Pls. Specify if any)

General Appraisal \_\_\_\_\_

Menstrual History \_\_\_\_\_

Genetalia \_\_\_\_\_

Hernia \_\_\_\_\_

Recommendation and restrictions (diet, medicines, swimming, diving, etc.)

\_\_\_\_\_  
Physician

GIRL SCOUTS OF THE PHILIPPINES  
BUKIDNON COUNCIL  
Malaybalay City

PARENT'S CONSENT FORM

TO WHOM IT MAY CONCERN:

This is to certify that I am permitting my daughter, \_\_\_\_\_  
NAME  
to participate in \_\_\_\_\_  
to be held at \_\_\_\_\_ on \_\_\_\_\_

We will not hold the Girl Scouts of the Philippines responsible for any untoward incident that  
may happen beyond her/their control.

\_\_\_\_\_  
Parent's Signature



GIRL SCOUTS OF THE PHILIPPINES  
BUKIDNON COUNCIL  
Malaybalay City

PARENT'S CONSENT FORM

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