



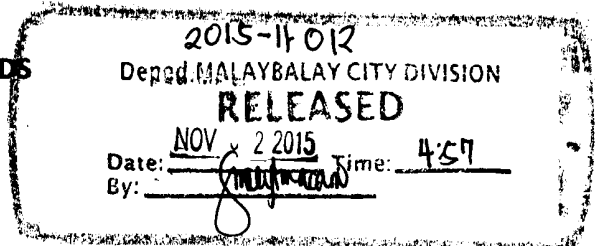
DEPARTMENT OF EDUCATION
Region X- Northern Mindanao
DIVISION OF MALAYBALAY CITY
Purok 6, Casisang, Malaybalay City



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

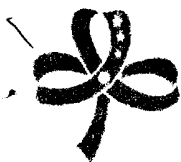
DATE: November 2, 2015

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

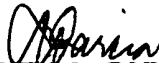
Please find the following enclosures to be submitted to the Council Office.

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.

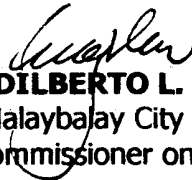
May we have a fruitful and successful Provincial Encampment.

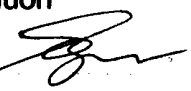

LOLITA L. GARCIA
Council President


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

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
------	--------	-------
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:

Events	Date
_____	_____
_____	_____

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
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

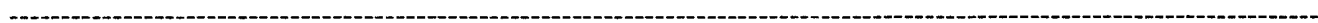
PARENT'S CONSENT FORM

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

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