

GIRL SCOUTS OF THE PHILIPPINES

Bohol Council

City of Tagbilaran

Tel. No. 501-7325

COUNCIL CIRCULAR NO. 18 Series of 2015

TO

: ALL CHAIRMEN, GIRL SCOUT AREAS, DISTRICT/BARANGAY SCOUTING

COMMITTEE, SCHOOLS DISTRICT SUPERVISORS, CENTRAL/SCHOOL PRINCIPALS, HEAD TEACHERS, DISTRICT/SCHOOL FIELD ADVISERS AND TROOP LEADERS FOR

ELEMENTARY AND SECONDARY PUBLIC AND PRIVATE SCHOOLS

**ALL MUNICIPALITIES** 

**SUBJECT** 

: REGIONAL JUNIOR, SENIOR AND CADET ENCAMPMENT

**DATE** 

: September 16, 2015

We are pleased to announce the 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 (MYVRPTC), Capitol Hills, Cebu City.

Hereunder are the details of the encampment:

**Event** 

: REGIONAL JUNIOR, SENIOR AND CADET ENCAMPMENT

Date and Venue

: October 23-28 2015

MYVRPTC, Capitol Hills, Cebu City

Theme

: "Girl Scouts: Lead. Promote, Serve"

**Participants** 

: Junior – Four (4) Girls per Area Senior – Six (6) Girls per Area

Subsidized Camp Fee

: P 2,500.00 per camper (to cover food, accommodation, transportation, program

materials, souvenirs with t-shirt and tours)

Pre-Campference

: October 22, 2015, 8:00 A.M at GSP Bohol Council Program and Training

Center, Tamblot Street, Tagbilaran City

Departure for Cebu City

: October 22, 2015 at 10:00 P.M.

Qualifications of Participants

Girls

- must be registered Junior, Senior and Cadet Girl Scouts as of November 30, 2015

- must have attended troop camp/district/ council encampments

- 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, Economic Self Sufficiency, Heritage & Citizenship

**Adults** 

- must be registered Troop Leaders as of November 30, 2015

- must have undertaken the Outdoor Leadership Course or must be a Camperaft

Certificate holder

- must be physically fit to undergo the rigor of outdoor life

- must know and understand her girls

- must know simple First Aid

Health Forms shall be ready for a physical re-check to be conducted upon arrival in camp.

Activities : Junior - Martial Arts, Handicraft, Adventure Games, Disaster Preparedness &

Tours

: Senior - Rock Climbing/Rappeling, Martial Arts, Disaster Preparedness, Ham

Radio, Mural Painting, Handicraft & Tours

## Things to Bring:

#### Individual

- Two (2) sets of Official Uniforms complete with GS paraphernalia and GS Cap (One {1} New Dress Uniform {Blouse & Skirt} & One {1}Old Dress Uniform)

- Two (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 towels
- Casual Dress
- Native Costume
- Physical Fitness outfit
- Denim/Maong Pants
- Raincoat
- Art Materials
- Outdoor beddings: oil cloth & blanket
- Medical Certificate and Parent's Consent

- Bedroll/Sleeping bag

- Scout Knife

- mi 11.1.
- Flashlights
- Water canteen
- Personal plastic glass for tooth brushing purpose
- Sit-upon
- Sewing kit
- Writing Materials
- Swim suit and swim cap
- 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 or dome tent per patrol for quarters

- Fly Tent
- Cooking Utensils (for Seniors only)
- Water jug/container
- Pails/dippers, basins
- Materials for light gadgets
- Bolo/trowel, stick broom

- Plastic bag (large) for litters enough for the duration
- First Aid Kit
- Kerosene lantern/emergency lamp for quarters, dining and kitchen
- Plastic table cover
- Kaper's Chart
- List of Contingents

Enclosed are the Application and Health Forms, which we expect to receive the duly accomplished forms together with the troop registration of the participating camper on or before October 22, 2015.

We look forward to your support and participation to this Regional Activity.

MRS. ANGELEDINA H. ANUNCIADO

Council Executive

HON. MARIA PUREZA V. CHATTO

**Council President** 

DR. EVANGEL M. LUMINARIAS

Schools Division Superintendent

DepEd Tagbilaran City Division

GS Council Commissioner on Administration

DR. WILFREDA D. BONGALOS

Schools Division Superintendent

DepEd Bohol Division

GS Council Commissioner on Administration

### GIRL SCOUTS OF THE PHILIPPINES NATIONAL HEADQUARTERS MANILA

## HEALTH EXAMINATION FORM

| Name                           |  |   | Birth Date              |  |
|--------------------------------|--|---|-------------------------|--|
| Surname                        | First A  | Middle  |                         |  |
| Parent Guardian                |  | F   | Phone                   |  |
| Home Address                   |  |   |                         |  |
|                                | Street & Number  | Town/City   | Province                |  |
| In case of emergency notify    |  | F   | 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          |  | Measies   |                         |  |
| Sinusitis                      |  | Heart Trouble   |                         |  |
| Bronchitis                     |  | Rheumatic Fever   |                         |  |
| Stomach Upset                  |  | Athlete's Foot  |                         |  |
| Constipation                   |  | Tuberculosis  |                         |  |
| Operations or serious injuries |  | Diabetes  |                         |  |
| Allergic Reactions:            |  | o.,   |                         |  |
|                                |  |   |                         |  |
|                                | al information   |   |                         |  |
|                                |  |   |                         |  |
| Any specific activites to be e | encouraged?  |   |                         |  |
| •                              | Restricted?  |   |                         |  |
| IMPORTANT : F                  | Please notify the camp if this ap<br>eks prior to camp attendance, | plicant is expo   | sed to any communicable |  |
|                                |  |   |                         |  |
| Suggestions fron Parent/Gu     | ardian   |   |                         |  |
|                                |  | 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 glasse                            | 3                           |      | Nervous System                                   |                  |
| Ears                                  |                             |      | Skin   |                  |
| Nose                                  |                             |      | Allergy - Please spec                            | ally             |
| Throat<br>Teeth                       |                             |      |  |                  |
| Heart                                 |                             |      |  |                  |
| Lungs                                 |                             |      | General Appraisal                                |                  |
| Abdomen                               |                             |      | Menstrual History                                |                  |
| 1000111011                            | Genitalia                   |      |  |                  |
|                                       | Kemia                       |      | <del></del>                                      |                  |
|                                       |                             |      |  |                  |
|                                       |                             |      |  |                  |
|                                       |                             |      |  |                  |
| Immunizet                             | ions:                       |      |  | <u>.</u>         |
| D.P.T Seri                            | es Booster                  | Date | Tetanus Booster                                  | Date             |
| D.P.T Seri<br>Typhold Se              | es Booster<br>eries Booster | Date | Tetanus Booster<br>(ff requires by camp)         | Date             |
| D.P.T Seri<br>Typhold Se              | es Booster<br>eries Booster | Date | Tetanus Booster<br>(If requires by camp)<br>Date | Date             |
| D.P.T Seri<br>Typhold Se              | es Booster                  | Date | (If requires by camp)                            | Date             |
| D.P.T Seri<br>Typhold Se              | es Booster<br>eries Booster | Date | (If requires by camp)                            | Date             |
| D.P.T Seri<br>Typhold Se              | es Booster<br>eries Booster | Date | (If requires by camp)                            | Date             |
| D.P.T Seri<br>Typhold Se              | es Booster<br>eries Booster | Date | (If requires by camp)                            | Date             |
| D.P.T Seri<br>Typhold Se              | es Booster<br>eries Booster | Date | (If requires by camp)Date                        |                  |
| D.P.T Seri<br>Typhold Se              | es Booster<br>eries Booster | Date | (If requires by camp)Date                        | Date<br>Date<br> |
| D.P.T Seri<br>Typhoid So<br>Small Pox | es Booster Booster          | Date | (If requires by camp) Date                       |                  |
| Typhold So                            | es Booster<br>eries Booster | Date | (If requires by camp) Date                       |                  |

healthform/xl

# GIRL SCOUTS OF THE PHILIPPINES VISAYAS REIONAL OFFICE Marina Yulo-Vargas Regional Program & Training Center Capitol Hills, Cebu City

## **INFORMATION SHEET**

| 1.       | Name   |                               | 2 44                        |                                       |  |  |
|----------|--|-------------------------------|-----------------------------|---------------------------------------|--|--|
|          | Date of Birth  |                               | 4 DI                        | ge                                    | yrs. ola                               |  |
| ٥.       | Home Address   |                               | 6. Te                       | al No                                 |  |  |
| ,        | Home Address 6. Tel. No. Parents: (Father) (Mother) In case of Emergency, the person to notify is: |                               |                             |                                       |  |  |
| ο.       | in case of Emergence   | : Y, the person to notify is: |                             |                                       |  |  |
| ~        | Address:   | tration with GSP              | Tel. I                      | No.                                   |  |  |
| ۵.<br>۱۸ | Date of Latest Regis<br>Years in Girl Scoutin  | tration with GSP              |                             | _Troop No                             |  |  |
| 10.      |  |                               | An a Comin-                 |                                       |  |  |
|          | As a Star  | nkler                         | As a Senior<br>_ As a Cadet |                                       |  |  |
|          |  | ior                           | _ //3 a Cadet               |                                       |  |  |
| 11.      | . Positions Held or Sp<br>Inclusive Dates:   | ecial Responsibilities in the | ne Troop;                   |                                       |  |  |
|          |  |                               |                             |                                       |  |  |
| 12.      | District Level   | ting Events other than Ca     | •                           | · · · · · · · · · · · · · · · · · · · |  |  |
|          |  |                               |                             |                                       | "##################################### |  |
|          | regional Level   |                               |                             |                                       |  |  |
| 13.      | . Camping Experience   | es:                           |                             |                                       |  |  |
|          |  | Name of Participation         | <u>Duratio</u>              | <u>n</u>                              | Number of Times                        |  |
|          | Patrol Camp  |                               |                             |                                       |  |  |
|          | Troop Camp   |                               |                             | •                                     |  |  |
|          | District Camp  |                               |                             | · · · · · · · · · · · · · · · · · · · |  |  |
|          | Council Camp<br>Regional Camp  |                               |                             |                                       |  |  |
|          | National Camp  |                               |                             |                                       |  |  |
|          | int'i Camp   |                               | <del></del>                 | <del></del>                           |  |  |
| 14       | Badges Earned:   |                               |                             | <del></del>                           | <del></del>                            |  |
| 17.      | As a Twinkler  |                               |                             |                                       |  |  |
|          | As a Star  |                               |                             |                                       | <del></del>                            |  |
|          | As a Junior  |                               |                             |                                       |  |  |
|          | As a Senior  |                               |                             |                                       |  |  |
|          | As a Cadet   |                               |                             |                                       |  |  |
| 15       | . Special Awards/Scho  | planshin Deneiund             |                             |                                       |  |  |
|          | . opodat / traida do ja  | Title/Kind                    |                             | Date Aware                            | ded/Conferred                          |  |
|          |  |                               |                             |                                       |  |  |
| 16       | Organizations other t  | than GSP/Club Affiliations    |                             |                                       |  |  |
|          | Name of Club   |                               | Position/Responsibility I   | Held                                  | <u>Date</u>                            |  |
|          |  |                               |                             |                                       |  |  |
| 17.      | Special Interest/Hobi  | bies                          |                             |                                       |  |  |
|          |  |                               |                             |                                       |  |  |
|          | Religious Affiliation:   |                               |                             |                                       |  |  |
| 19.      | Food Prohibition:  |                               |                             |                                       |  |  |
|          |  |                               |                             |                                       |  |  |
|          |  |                               |                             |                                       |  |  |
|          |  |                               |                             |                                       | Signature                              |  |
|          |  |                               |                             | <del></del>                           | Date                                   |  |