



Republic of the Philippines
Department of Education
Region VI – Western Visayas
SCHOOLS DIVISION OF CAPIZ

Division Advisory No. 012, s. 2024
January 31, 2024

In compliance with DepEd Order (DO) No. 8, s. 2013
this advisory is issued not for endorsement per DO 28, s. 2001,
but only for the information of DepEd SDO Capiz officials,
personnel/staff, as well as the concerned public.

(Visit www.depedcapiz.ph)

Attached is Local Circular No. 04, s. 2024 from **GSP Capiz Council** re:
**Council Junior/Senior/Cadet Camp and Outdoor Leadership Course for
Adult Leaders on March 1-3, 2024 at Camp Candida Belo, Timpas, Panitan,
Capiz.** Participation to the activity is voluntary and must adhere with DepEd
Order No. 9, s. 2005 titled “*Instituting Measures to Increase Engaged Time-On-
Task and Ensuring Compliance Therewith*” DepEd Order No. 22, s. 2023 titled
“*Implementing Guidelines on the School Calendar and Activities for the School
Year 2023-2024*” and DepEd Order No. 008, S. 2023 titled “*Participation of
Teachers in Volunteer Work and Extra Curricular Activities*”.

For more information, please contact:

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Capiz Council
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GIRL SCOUTS OF THE PHILIPPINES
VISAYAS REGION
CAPIZ COUNCIL
ROXAS CITY

JEPCO, DIVISION OF CAPIZ
RECORDS SECTION
RECEIVED

DATE: JAN 24 2024

Local Circular No. 04
Series, 2024
January 22, 2024

TO : ALL DISTRICT SUPERVISORS, SECONDARY/ELEMENTARY SCHOOL PRINCIPALS, HEADS OF PRIVATE/NATIONAL HIGH SCHOOL/TESDA/ CHED/ DISTRICT FIELD ADVISOR (DFA)/ SEC. GS COORDINATORS/ CAPIZ GIRL SCOUT COORDINATORS LEADERS ASSOCIATION (CAGSCLA) OFFICERS/ YOUTH FORMATION OF CAPIZ AND ROXAS CITY DIVISION SDO

FROM : COUNCIL PRESIDENT

R E : COUNCIL JUNIOR/SENIOR/CADET CAMP AND OUTDOOR LEADERSHIP COURSE FOR ADULT LEADERS

GREETINGS!

This is to confirm the schedule of the Council Junior, Senior and Cadet Camp and Outdoor Leadership Course for Adult Leaders on March 1-3, 2024 at Camp Candida Belo, Timpas, Panitan, Capiz.

Hereunder are the details of the aforementioned events for your information and guidance.

A. Encampment

- Event : Council Junior/Senior/Cadet Camp and Outdoor Leadership Course
- Date : March 1 (Friday, 7:00 PM) – 3 (Sunday, 3:00 PM) , 2024
- Theme : Harmony in Nature: Nurturing a Sustainable Future
- Venue : Camp Candida Belo, Timpas, Panitan, Capiz
- Camp Fee : **EIGHT HUNDRED PESOS (P800.00)** per camper/adult chaperone for program materials, tokens, souvenir, awards, certificates, administrative and overhead expenses.
- Participants : A minimum of 2 patrols and a maximum of 4 patrols for every age level of the Junior/Senior/ Cadet girls per District & Secondary Schools, one (1) Adult Leader for every patrol of Junior/Senior/Cadet Girl Scouts.

Other details and program activities will be sent later. Popularity Contest for Miss Camp Candida (Junior/Senior/Cadet) will be one of the activities. The proceeds of this contest will be used for renovation of the Staff House and Training Program Center. Deadline of submission of list of campers is on or before February 23, 2024 to give us ample time to prepare the program materials and souvenirs.

Qualification of Campers

- Girl** : Must be registered Junior/Senior/Cadet Girl Scouts as of July, 2023
 - : Must be physically fit and alert as certified by a licensed physician
 - : Must have attended previous camping particularly troop/ district camp
 - : Must have earned at least two (2) badges each of the 8-Point Challenge
- Adult** : Must be registered Troop Leader as of July, 2023
 - : Must have undertaken Outdoor Leadership Course preferably a Campcraft holder
 - : Must be physically fit to undergo the rigors of outdoor life.
 - : Must be mature and responsible and understand her the girls
 - : Must know simple first aid.

B. Outdoor Leadership Course

Reg. Fee: **TWO THOUSAND PESOS (P2,000.00)** per trainee for training materials, certificates, brochures, hand-outs, handbooks, tokens and foods (breakfast, lunch, supper and snacks).

Qualification of Troop Leaders

- She should have taken the Basic Training Course and Age Level Course
- Troop Leader, Associate Member, Barangay Committee (BC), Career Adult Woman, etc.

Attached is the Reply Slip and all required forms such as Application Form for Girls, Parent's Consent, Health Form and COVID Declaration Waiver Form which we expect to receive at the Council on or before February 23, 2024.

We look forward to a 100% attendance to this event.

Happy Camping preparations! See you all at Camp Candida Belo, Timpas, Panitan, Capiz.


 for **SEGUNDINA F. DOLLETE, Ed.D.**
 Council President



REPLY SLIP
(To be submitted to Council Office on or before February 23, 2024)

_____ Date

The Council President/Executive
GSP-Capiz Council
Roxas City

Madam:

We are sending the following number of participants to the Provincial Junior/ Senior/ Cadet Camp on March 1-3,2024 at Camp Candida Belo, Timpas, Panitan, Capiz.

Number of Participants: _____ Girls _____ Chaperones Trainees (OLC) _____
 Age Level: _____ Junior _____ Senior _____ Cadet
 School: _____ District: _____

DFA/ SEC. COORDINATOR

Noted:

School Principal/District Commissioner

GIRL SCOUTS OF THE PHILIPPINES
VISAYAS REGION
CAPIZ COUNCIL

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.

Date Signed: _____
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
Visayas Region

HEALTH EXAMINATION FORM

Council:		Region:	
Name:			
Last	First	Middle	
Date of Birth:		Age:	
Home Address:		Phone No.:	
Parents/Guardian:			
Person to notify in case of emergency:			
Relationship:			
Address:		Phone No.:	
HEALTH HISTORY: (Check giving approximate dates)			
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/>	<input type="checkbox"/> Chickenpox
<input type="checkbox"/> Ear Abscess	<input type="checkbox"/> Convulsions	<input type="checkbox"/>	<input type="checkbox"/> Mumps
<input type="checkbox"/> Fainting	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/> Whooping Coughs
<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Measles	<input type="checkbox"/>	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> Athlete's Foot
<input type="checkbox"/> Stomach Upsets	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/> Constipation
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Operations or serious injuries	<input type="checkbox"/>	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Allergic Reactions: Penicillin	<input type="checkbox"/> Other Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Details of the above or additional information			
Diet Requirement:			
<input type="checkbox"/> Regular	<input type="checkbox"/> Vegetarian	<input type="checkbox"/>	<input type="checkbox"/>
Any allergy you suffer:			

NOTE: Please notify the Camp if the applicant is exposed to any communicable diseases during the three weeks prior to camp attendance.

Attending Physician

Licensed No.

Date Submitted

IMPORTANT! This form must be received at GSP National Headquarters/Regional/Council whichever is the camp organizer on or before _____.



GIRL SCOUTS OF THE PHILIPPINES

COVID-19 HEALTH DECLARATION AND LIABILITY WAIVER

Council:		Region:	
Name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Date of Birth:		Age:	
Home Address:		Phone No.:	
Parents/Guardian:			
Person to notify in case of emergency:			
Relationship:			
Address:		Phone No.:	
COVID-19 HEALTH DECLARATION			
COVID-19 Exposure:			
Are you currently experiencing symptoms or have experienced within the last 14 days? Put a Check. (Kasalukuyan ka bang nakakaranas ng sintomas o nakaranas sa huling 14 na araw? Lagyan ng Tsek.)			
Symptoms (Mga Sintomas)	Yes (Oo)	No (Hindi)	
Sore throat (pananakit ng lalamunan/masakit lumunak)			
Shortness of Breath (Hirap sa paghinga)			
Body Pains (Pananakit ng katawan)			
Headache (Pananakit ng ulo)			
Fever for the past few days (Lagnat sa mga nakalipas na araw)			
Loss of taste or smell (Pagkawala ng panlasa o pang-amoy)			
Cough and/or cold (Ubo at/o sipon)			
Diarrhea (Pagtatae)			
Recent Travel:			
Did you travel outside the Philippines in the last 10 days? Yes = or No =			
If yes, have you completed the required testing or protocol?			
COVID-19 Vaccination Status:			
Please put a check on your vaccination status and kindly write the brand of your COVID-19 vaccine.			
If unvaccinated, the camper needs to present a negative RT-PCR test result valid within 72 hours before the camp or a negative antigen result valid within 24 hours before the camp.			
Fully Vaccinated with Booster	Fully Vaccinated	Partially Vaccinated	Unvaccinated
1 st	2 nd		

LIABILITY WAIVER

I hereby acknowledge that the COVID-19 is an extremely contagious disease caused by coronavirus that spreads easily through person-to-person contact. I acknowledge that by attending this camp, I could increase my risk of contracting COVID-19. Further, while traveling to and attending the camp, I may not be able to practice "social distancing" and may be in close proximity with individuals who could potentially be infected with COVID-19.

I hereby voluntarily seek to attend this camp and acknowledge that my actions may increase my risk of exposure to COVID-19. I accept the risk and agree to hold harmless the Girl Scouts of the Philippines, its volunteers and professional staff, from any and all claims that may arise from or relate to my attendance at this event or my use of GSP's facilities, including any claims concerning exposure to COVID-19 and any resulting harm or injury, including permanent disability and death.

I hereby acknowledge and agree that during my attendance at this camp, I will comply with all procedures designed to reduce the spread of COVID-19.

I hereby understand that, by signing this Waiver, I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, if I experience symptoms of COVID-19 within 14 days after attending the camp, I will notify GSP at (council/regional/NHQ email address whichever is the camp organizer.)

I hereby acknowledge that I have read the foregoing agreement, understand all its provisions, and sign it voluntarily as my own free act and deed.

Signature of Applicant over Printed Name

Consent given by:

Signature of Parents over Printed Name

Endorsed by:

Signature of Troop Leader over Printed Name

Approved by:

Signature of Council Executive over Printed Name

Signature of Regional Executive Director over Printed Name

Date

IMPORTANT!

This form must be received at GSP National Headquarters/Regional/Council whichever is the camp organizer on or before _____.