



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

Division Advisory No. 078, s. 2025

August 18, 2025

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 Capiz officials, personnel/staff, as well as the concerned public.

(Visit www.deped.gov.ph)

Attached is the Girl Scouts of the Philippines Capiz Council Local Circular No. 19, s. 2025 titled **Patrol Leaders Camp Permit Course for Seniors and Cadets GS**.

Participation to this activity is voluntary and subject to compliance with DepED Order No. 012, s. 2025 titled **Multi-Year Implementing Guidelines on the School Calendar and Activities**, DepEd Order 09, s. 2005 titled **Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance Therewith**, DepEd Order No. 008, s. 2023 titled **Participation of Teachers in Volunteer Work and Extra Curricular Activities**, DepEd Memorandum No. 041, s. 2024 titled **Reiteration of the “No Collection Policy” in Schools**, and DepEd Order No. 66, s. 2017 titled **Implementing Guidelines on the Conduct of Off-Campus Activities**. The details and overview of this program are attached for reference.

For more information and verification, contact:

SHERRY ROVELL C. VILLAR

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Capiz Council
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GIRL SCOUTS OF THE PHILIPPINES

Visayas Region

Capiz Girl Scout Council



Local Circular No. 19

Series 2025

August 11, 2025

TO: INTEGRATED/SECONDARY/NATIONAL HIGH SCHOOLS, PRINCIPALS/HEADS OF PRIVATE SCHOOLS, UNIVERSITIES AND SECONDARY SCHOOLS, GIRL SCOUT COORDINATORS, PDO - YOUTH FORMATION OF CAPIZ DIVISION SDO & ROXAS CITY SDO, TROOP LEADERS' REPRESENTATIVE TO THE COUNCIL BOARD, SENIOR AND CADET GIRL SCOUTS

FROM: THE COUNCIL PRESIDENT

RE: PATROL LEADERS CAMP PERMIT COURSE FOR SENIORS AND CADETS GS

Dear Sir/Madam,

Greetings!

This is to confirm the schedule of the Patrol Leaders Camp Permit Course for Seniors and Cadets on September 26 (7PM) -28 (3PM), 2025 at the GSP Hall, Capiz Girl Scout Council, Roxas City. Kindly take note of the details of this event.

- **EVENT:** Patrol Leaders Camp Permit Course for Seniors and Cadets
- **DATE:** September 26-28, 2025
- **VENUE:** GS Hall, Capiz GSP Council, Roxas City
- **FEE:** ₱1,500.00 per participant (to cover food, accommodation, certificates, training materials, and other miscellaneous expenses)
- **PARTICIPANTS:** Registered Senior/Cadet Girl Scouts (secondary/national and integrated schools)

QUALIFICATION OF DELEGATES:

1. Must be registered Senior/Cadet Girl Scouts as of July 2025
2. Must have at least one (1) year experience as Senior Girl Scout
3. Must be physically fit for the activities
4. Must be in GRADE 8 (Senior) -1st Year College (Cadet)
5. Must be a Patrol Leader in a Troop
6. Must be emotionally and mentally mature
7. Must have earned at least three (3) badges in the 8-point challenge


THINGS TO BRING:

- Complete sets of GSP Official Uniform with GS paraphernalia
- Two (2) sets of Camp Uniform
- Toiletries and other personal things
- Sleepwear/ night wear
- Medicines and insect repellants
- Complete beddings
- Casual dress
- Flashlight
- Spoon/fork/ drinking glass/personal tumbler
- Art Materials
- Pen and notebook
- 2 bundle of abaca twines
- 5 pcs. bamboo slats (1" x 12") for gadget making

Kindly submit the confirmed **number of delegates (per school), required accomplished forms, and pre-registration must be made on or before September 19, 2025.**

Thank you very much and we shall look forward to your support for this scouting activity.

God bless you always.


SEGUNDINA F. DOLLETE, EdD
Council President

GIRL SCOUTS OF THE PHILIPPINES
VISAYAS REGION
CAPIZ COUNCIL

APPLICATION FORM
(GIRL)

Event: _____ Date: _____

PERSONAL DATA:

Name: _____

LAST MIDDLE FIRST
Date of Birth: _____ Age: _____ Home Address: _____
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
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 _____

Examining Physician



GIRL SCOUTS OF THE PHILIPPINES

COVID-19 HEALTH DECLARATION AND LIABILITY WAIVER

Council:		Region:	
Name:			
Last		First	
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 lumunok)			
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
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:

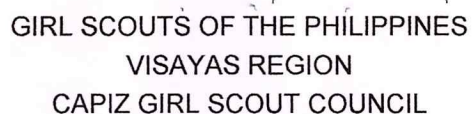
Signature of Council Executive over Printed Name

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 _____.



Registration Form

[illegible]