



Republic of the Philippines  
**Department of Education**  
Region VII – Central Visayas  
Schools Division of CEBU PROVINCE

**Office of the Schools Division  
Superintendent**

March 15, 2022

DIVISION MEMORANDUM  
No. *054*, s. 2021

**GIRL SCOUTS OF THE PHILIPPINES (GSP) CEBU COUNCIL**  
***“OVERNIGHT CAMP Knowing Thyself and Developing Advocacies”***

To: Assistant Schools Division Superintendent  
Chief, CID and SGOD  
Heads, Elementary and Secondary Schools  
All Others Concerned

1. Attached is Girl Scouts of the Philippines (GSP) Cebu Council Circular on the conduct of **Overnight Camp** on **March 26-27, 2022** at **MYVRPTC “Camp Marina”, Capitol Hills, Cebu City**.
2. Participants are **fully vaccinated Senior and Cadet Girl Scouts**. A registration fee of Php 700.00 inclusive of food, use of facilities, certificates, and badges (first 60 participants can avail of the Php 200 discount).
3. The Council can accommodate a maximum of 90 girls for the entire event with their vaccination cards. Confirmation will be on a first come first serve basis. In the event that there will be less than 30 participants it will be re-schedule on a different date. Deadline for confirmation and payment will be on **March 22, 2022**.
4. Please see attached for the Application and Health Declaration forms. For further details you may call Officer-in-Charge, Ms. Venice A. Aunzo at 407-2854 or 0945-3922045 or email at [gsp\\_y\\_cebu@yahoo.com.ph](mailto:gsp_y_cebu@yahoo.com.ph).
5. Immediate dissemination of and compliance with this Memorandum is desired.

  
**MARILYN S. ANDALES EdD, CESO V**  
Schools Division Superintendent



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**GIRL SCOUTS OF THE PHILIPPINES**  
Cebu Council

March 15, 2022

**DR. MARILYN S. ANDALES**

Schools Division Superintendent  
Department of Education  
Cebu Province Division

Madam:

We would like to inform you that we will be having an "Overnight Camp" for Senior and Cadet Girl Scouts on March 26-27, 2022 at MYVRPTC "Camp Marina", Capitol Hills, Cebu City. The details are as follows:

Re	:	<b>Overnight Camp</b> (Knowing thyself and developing advocacies)
Date	:	March 26 - 27, 2022
Venue	:	MYVRPTC "Camp Marina"
Participants	:	Fully vaccinated Senior and Cadet Girl Scouts
Fee	:	P700.00 (inclusive of food, use of facilities, certificates and badges)
<b>** First 60 participants can avail for a P200.00 discount and will only pay P500.00</b>		

To ensure the safety of the participants, only fully vaccinated girls are allowed to join. We will be observing health protocols such as wearing of face mask at all times, hand sanitizing with alcohol and social distancing to participants and to the training team. Attached herewith is the Application Form and Parents Consent.

We will only accommodate a maximum of 90 girls for the entire event with their vaccination cards. Confirmation will be on a first come first serve basis.

If we cannot reach 30 participants, we will not push through the training. Deadline for confirmation and payment will be on or before March 22, 2022.

Participants are expected to be at the venue at 7:00am for the registration and settling down on March 26, 2022.

Fee : P 700.00 (inclusive of food, use of facilities, certificates and badges)

**\*\* First 60 participants can avail for a P200.00 discount and will only pay P500.00**

Things to bring:

- |   |   |
|---|---|
| - 1 set Official and Camp Uniform         | - Several changes of clothes & under wear |
| - Face mask and alcohol                   | - Sleeping garments (preferably pajamas)  |
| - Tents                                   | - Vaccine card                            |
| - Jogging pants / physical fitness outfit | - Parents consent                         |
| - Slippers & rubber shoes                 | - Application and Health form             |
| - Personal belongings & medicines         | - Toiletries, towels                      |

We do hope you can send participants to this camp from your Division.

Thank you for all your support to the Girl Scouting movement and activities online/virtual platforms amidst this Covid-19 pandemic. The efforts and sacrifices you have given will surely be for the benefit of our girls.

Sincerely yours,

**VENICE A. AUNZO**  
Officer in Charge

CC: Dr. Gerardo Mantos  
Division Scouting Coordinator

Miss Paz Bacolod  
Assistant Division Scouting Coordinator

Gov. M. Cuenco Ave., Brgy. Apas, Cebu City  
Tel. Nos. 407-2854 or 0945-3922045  
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gsp.y.cebu@gmail.com



# GIRL SCOUTS OF THE PHILIPPINES

Cebu Council

Gov. M. Cuenco Avenue, Brgy. Apas, Cebu City ☎ 407-2854 or 0945-3922045  
email: gsp\_y\_cebu@yahoo.com.ph / gsp.y.cebu@gmail.com

## APPLICATION FORM (Girl)

EVENT: \_\_\_\_\_ Date : \_\_\_\_\_

### PERSONAL DATA:

Name: \_\_\_\_\_  
Lastname Firstname Middlename

Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_ Home Address: \_\_\_\_\_

Troop No.: \_\_\_\_\_ Council : **CEBU** Date of Last Registration: \_\_\_\_\_

Religious Affiliation : \_\_\_\_\_ No. of Years in Scouting: \_\_\_\_\_

### Camps/Special Events Attended:

Event	Date
_____	_____
_____	_____
_____	_____

In emergency, notify: \_\_\_\_\_ Relation: \_\_\_\_\_

Address : \_\_\_\_\_ Telephone # \_\_\_\_\_

### **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 the event.

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

FE R. VILLEGAS, M.D.  
Council President

VENICE A. AUNZO  
Officer in Charge



# GIRL SCOUTS OF THE PHILIPPINES

Cebu Council

Gov. M. Cuenco Avenue, Brgy. Apas, Cebu City ☎ 0933-2608030 / 0917-1755233  
email: gsp\_y\_cebu@yahoo.com.ph / gsp.y.cebu@gmail.com

## HEALTH EXAMINATION FORM

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Nationality \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_  
In case of Emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Past Personal History (to be filled up by Applicant before presentation to Physician) \_\_\_\_\_  
Illness suffered: \_\_\_\_\_

Previous accidents and / or injury : \_\_\_\_\_

Surgical Operation, if any: \_\_\_\_\_

Allergy (drugs, food or materials, etc...) \_\_\_\_\_

Blood Type \_\_\_\_\_

Immunizations: (Give the kind and date) \_\_\_\_\_

Suggestion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, I hereby  
give permission to the Physician  
selected by the Camp Director to give  
proper treatment, order injections,  
hospitalize, give anesthesia or perform  
surgery for me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PHYSICAL EXAMINATION – (To be filled out by licensed Physician)

Code: Put - Normal: Write your remarks if there are abnormalities noted.

Name of Patient \_\_\_\_\_

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

Skin \_\_\_\_\_ Head \_\_\_\_\_ Neck \_\_\_\_\_

Eyes \_\_\_\_\_

WITH GLASSES: RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

Ears \_\_\_\_\_ Nose \_\_\_\_\_

Throat \_\_\_\_\_ Teeth \_\_\_\_\_

Thorax \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Genitalia \_\_\_\_\_ Hernia if present \_\_\_\_\_

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

Allergy : (Drugs, foods, materials, etc...) \_\_\_\_\_

Recommendations: \_\_\_\_\_

License No. \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name of Physician