



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

Office of the Schools Division Superintendent

May 3, 2024

DIVISION MEMORANDUM  
No. 277, s. 2024

**PATROL LEADER'S CAMP PERMIT COURSE FOR SENIOR AND CADET GIRL SCOUTS**

To: Assistant Schools Division Superintendent  
Chief, CID and SGOD  
Public Schools District Supervisors/ District-in-Charge  
Heads, Elementary and Secondary Schools  
All Others Concerned

1. Attached is the letter from Girl Scout of the Philippines Cebu Council dated April 23, 2024 regarding the conduct of **Patrol Leader's Camp Permit Course for Senior and Cadet Girl Scouts on May 10-12, 2024 at MYVRPTC "Camp Marina", Capitol Hills, Cebu City.**
2. For more information, please refer to the attached letter.
3. The teacher-participants shall be granted service credits in accordance with the provisions of DepEd Order No. 53, s. 2003 entitled Updated Guidelines on Grant of Vacation Service Credits to Teachers, while non-teaching participants, facilitators, and program management team shall be entitled to Compensatory-Time-Off (CTO) on training days which shall fall on Saturdays, Sundays, and Holidays in accordance with the provisions of CSC and DBM Joint Circular No. 2 series 2004.
4. This Memorandum serves as **Authority to Travel** for all participants.
5. Immediate dissemination of and compliance with this Memorandum is desired.

  
**SENEN PRISCILO P. PAULIN, CESO V**  
Schools Division Superintendent

SSP/SGOD/GSB/nag



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DepEd Tayo Cebu Province





**GIRL SCOUTS OF THE PHILIPPINES**  
Cebu Council

April 23, 2024

**DR. SENEN PRISCOLO P. PAULIN**

Schools Division Superintendent  
Department of Education  
Cebu Province Division

Sir:

We would like to inform you that we will conduct the Patrol Leader's Camp Permit Course for Senior and Cadet Girl Scouts on May 10 – 12, 2024 (Friday to Sunday) at MYVRPTC "Camp Marina", Capitol Hills, Cebu City. If there are Troop Leaders who wish to be around, we appreciate it if they will participate in all the activities and be in proper uniform.

The objective of the training is to prepare Patrol Leaders to take her own patrol of girls to camp.

Attached herewith are the Application Form, Parents Consent and Waiver Form.

Participants are expected to be at the venue at 5:00pm for the registration and settling down on May 10, 2024.

Fee : P 1,000.00 (inclusive of food, use of facilities, and training materials)

Things to bring:

- |   |                                |
|---|--------------------------------|
| - 1 set Official and Camp Uniform         | - Food containers              |
| - Tents                                   | - Whistle                      |
| - Jogging pants / physical fitness outfit | - Personal medicines           |
| - Slippers & rubber shoes                 | - Flashlight, first aid kit    |
| - Toiletries, towels                      | - Twines                       |
| - Several changes of clothes & under wear | - Waiver Form                  |
| - Sleeping garments (preferably pajamas)  | - Application and Health forms |
| - Sit-upon                                | - Parents consent              |
| - Eating utensils                         |                                |

Reminders:

- 1) Attendance to this training is a requirement to all Chief GS Medal Scheme applicants / aspirants.
- 2) Deadline of confirmation is May 3, 2024.

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

Thank you for all your support to the Girl Scouting movement and activities. The efforts and sacrifices you have given will surely be for the benefit of our girls.

Sincerely yours,

**VENICE A. AUNZO**  
Council Executive

CC: Dr. Gerardo S. Mantos  
Division Scouting Coordinator

Mrs. Niñaly A. Gesim  
Assistant Division Scouting Coordinator

Gov. M. Cuenco Ave., Brgy. Apas, Cebu City  
Tel. Nos. 407-2854 or 0945-3922045  
E.mail: gsp\_y\_cebu@yahoo.com.ph  
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# GIRL SCOUTS OF THE PHILIPPINES

## 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.:
<b>HEALTH HISTORY: (Check giving approximate dates)</b>			
<input type="checkbox"/>	Frequent Colds	<input type="checkbox"/>	Kidney Trouble
<input type="checkbox"/>	Ear Abscess	<input type="checkbox"/>	Convulsions
<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Sleep Walking
<input type="checkbox"/>	Frequent Sore Throats	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Bronchitis
<input type="checkbox"/>	Stomach Upsets	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Operations or serious injuries
<input type="checkbox"/>	Allergic Reactions: Penicillin	<input type="checkbox"/>	Other Drugs
Chickenpox			
Mumps			
Whooping Coughs			
Sinusitis			
Athlete's Foot			
Constipation			
Diabetes			
Details of the above or additional information			
Diet Requirement:			
<input type="checkbox"/>	Regular	<input type="checkbox"/>	Vegetarian
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 applicable.





# GIRL SCOUTS OF THE PHILIPPINES

## Parent's Consent Form

To whom it may concern:

This is to allow my daughter, \_\_\_\_\_ of Cebu Council to participate in the \_\_\_\_\_ to be held on \_\_\_\_\_ at \_\_\_\_\_.

We will not hold the Girl Scouts of the Philippines responsible for any untoward incident that may happen beyond its control.

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**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.:	
<b>COVID-19 HEALTH DECLARATION</b>			
<b>COVID-19 Exposure:</b>			
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.)			
<b>Symptoms (Mga Sintomas)</b>	<b>Yes (Oo)</b>	<b>No (Hindi)</b>	
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)			
<b>Recent Travel:</b>			
Did you travel outside the Philippines in the last 10 days? Yes _ or No _			
If yes, have you completed the required testing or protocol?			
<b>COVID-19 Vaccination Status:</b>			
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.			
<b>Fully Vaccinated with Booster</b>		<b>Fully Vaccinated</b>	<b>Partially Vaccinated</b>
<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>		
			<b>Unvaccinated</b>

**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 \_\_\_\_\_.*