

COUNCIL CIRCULAR NO. 23
Series of 2015

TO : ALL CHAIRMEN, GIRL SCOUT AREAS, DISTRICT/BARANGAY SCOUTING COMMITTEE, SCHOOLS DISTRICT SUPERVISORS, CENTRAL/SCHOOL PRINCIPALS, HEAD TEACHERS, DISTRICT FIELD ADVISERS AND TROOP LEADERS FOR PUBLIC AND PRIVATE SCHOOLS
ALL MUNICIPALITIES AND TAGBILARAN CITY DIVISION

SUBJECT : PROVINCIAL JUNIOR, SENIOR AND CADET ENCAMPMENT

DATE : November 18, 2015

We are pleased to inform you of the Provincial Junior, Senior and Cadet Encampment on November 27-30, 2015 at Mabini Camping Center, Mabini, Bohol.

Hereunder are the details of the encampment:

Event : PROVINCIAL JUNIOR, SENIOR AND CADET ENCAMPMENT

Date and Venue : November 27-30, 2015
Mabini Camping Center, Mabini, Bohol

Theme : "Girl Scouts: Serve, Lead & Promote"

Camp Fee : P 390.00 per camper (to cover for program materials, badges, souvenir bag, event T-shirt & Tour Transportation Fare)
Registration Fee may be taken from SMFC district share, Local Government Unit, MOOE or any available local school funds upon request.

Pre-Registration of Campers : November 21, 2015

Arrival & Settling Down : November 27, 2015, not later than 11:00 A.M. complete with packed lunch, and all the things needed for the encampment.

Participants : Juniors
- Minimum of Two (2) Patrols and Maximum of Three (3) Patrols per District
- Two (2) Adult/Troop Leaders per patrol

Seniors
- Minimum of Two (2) Patrols and Maximum of Three (3) Patrols per District
- Two (2) Adult/Troop Leaders per District

Qualifications of Participants :

Girls

- must be registered Junior, Senior and Cadet Girl Scout as of December 30, 2015
- must be physically fit and alert as certified by a licensed physician
- must have earned at least one (1) badge under the Eight-Point Challenge
- must have attended troop/district encampment

Adults

- must be registered Troop Leader as of December 30, 2015
- must be physically fit to undergo the rigor of outdoor life
- must know and understand her girls
- must know the basics of First Aid
- must have attended the Basic Course and Outdoor Leadership Course
- are entitled for service credits during Saturday, Sunday and Holiday

Activities : Handcraft, Martial Arts, Cook-out, Tree Growing, Games, Dancing , Tour and Free Being Me

Things to Bring :

Individual

Two (2) sets of Dress Uniforms complete with GS paraphernalia and GS Cap
Two (2) sets of Camp Uniforms with green socks
Closed black flat shoes, rubber shoes, slippers, shoe polish kit
Physical Fitness outfit: jogging pants and sweat shirt
Sleeping garments (preferably pajamas)
Comfortable working clothes
Several changes of underwear
Set of eating utensils (plastic plate, spoon, fork, cup and saucer, tumbler, knife, cloth napkin, all these placed in a drawstring bag)
Toilet Articles (soap, toothbrush, toothpaste, powder, etc.)
Face and bath towels
Casual Dress
Raincoat
Bedroll/Sleeping bag
Water canteen
Can Opener
Sewing kit

Wide-brim hat for Adult/Troop Leaders
Outdoor beddings: oil cloth & blanket
Flashlight
Scout Knife
Sit-upon (a plastic sheet about 3ft. square)
Writing and Art Materials
Medical Certificate and Parent's Consent

Patrol Equipments/Miscellaneous/Handcraft & Non-Utensil Cooking


Dome tent enough for all campers
Fly Tent for food supplies
First Aid Kit with personal maintenance
Materials for light gadgets like bamboo
Cooking Utensils & materials/stove/coal/firewood
Kerosene lantern/emergency lamp for quarters, dining and kitchen
Glue Stick and alcohol lamp
Used folder
3rd Class flour
Baking Powder

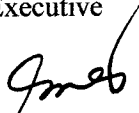
Scissor
Silk satin ribbon, 1 inch width & 1 ½ meters length
Water jug/container
Pails/dippers, basins
Plastic bag (large) for litters enough for the duration
Adequate food for encampment duration
One (1) meter bamboo stick

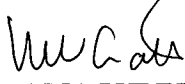
Confirmed participants are considered registered and paid. Enclosed, please fill up the Application and Health Forms which will be submitted upon pre-registration on November 21, 2015 at GSP Bohol Council, Tagbilaran City, Bohol.

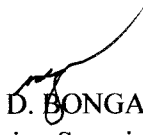
Meanwhile, we suggest that participants to the event be screened and be given the needed pre-camp training during Girl Scouting time on Fridays. Should you have any queries, please feel free to call us at telephone number 501-7325.

We look forward to your usual 100% support and participation to this Provincial Outdoor Activity.


MRS. ANGELEDINA H. ANUNCIADO
Council Executive


VIRGINIA C. ZAPANTA, Ed.D, CESO V
Schools Division Superintendent
DepEd Tagbilaran City Division
GS Council Commissioner on Administration


HON. MARIA PUREZA V. CHATTO
Council President


WILFREDA D. BONGALOS, Ph.D
Schools Division Superintendent
DepEd Bohol Division
GS Council Commissioner on Administration

GIRL SCOUTS OF THE PHILIPPINES
NATIONAL HEADQUARTERS
MANILA

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 _____

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 glasses _____		Nervous System _____	
Ears _____		Skin _____	
Nose _____		Allergy - Please specify _____	
Throat _____			
Teeth _____			
Heart _____		General Appraisal _____	
Lungs _____		Menstrual History _____	
Abdomen _____			
Genitalia _____			
Kernia _____			

Recommendations and restrictions (diet, medicine, swimming, diving, etc.)

Immunizations:

D.P.T Series _____	Booster _____	Date _____	Tetanus Booster _____	Date _____
Typhoid Series _____	Booster _____	Date _____	(if requires by camp)	
Small Pox _____			Date _____	

 Examining Physician

Telephone _____ Address _____

Date _____