



GIRL SCOUTS OF THE PHILIPPINES
Visayas Region
Bohol Girl Scout Council

COUNCIL CIRCULAR NO. 2
Series of 2017

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 STAR HOLIDAY & TWINKLERS PLAYDAY

DATE : FEBRUARY 2, 2017

We are pleased to inform you of the Provincial Star Holiday and Twinklers Playday on February 25-26, 2017 at Jagna Central Elementary School, Jagna, Bohol.

Hereunder are the details of the encampment:

Event : PROVINCIAL STAR HOLIDAY AND TWINKLERS PLAYDAY

Date and Venue : February 25 - 26, 2017
Jagna Central Elementary School, Jagna, Bohol

Theme : "Girls' Potentials Enhanced Through Diverse Activities"

Camp Fee : TWINKLER P 300.00 per camper (to cover for program materials, badges, souvenir bag & event T-shirt)
STAR P 500.00 per camper (to cover for program materials, badges, souvenir bag, event T-shirt & Tour Transportation Fare)
Registration Fee and Transportation expenses is chargeable against MOOE or any available local funds, Local Government Unit and SMFC district share upon request.

Pre-Registration of Campers : February 11, 2017

Arrival & Settling Down : For Star Girl Scouts – February 24, 2017 (travel time starts at 4:00pm) with packed snacks, complete with all the things to bring for the entire out-of-doors activity duration.
: For Twinkler Girl Scouts – February 25, 2017 one (1) day only at 7:00 A.M. complete with packed snacks and lunch.

- No. of Campers : Twinkler Girl Scouts - Minimum of Twelve (12) Girls or Two (2) Clusters and maximum of Twenty Four (24) Girls or Four (4) Clusters per District
 : Star Girl Scouts - Minimum of Eighteen (18) Girls or Three (3) Clusters and maximum of Thirty (30) Girls or Five (5) Clusters per District
 : Junior Girl Scout or Big Star – One (1) per Cluster
 : Adult Leaders - Two (2) per Cluster

Qualifications of Participants :

- Girls - must be registered Twinkler and Star Scouts as of February 28, 2017
 - 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

- Adults - must be registered Troop Leaders as of February 28, 2017
 - must be physically fit to undergo the rigor of outdoor life
 - must know and understand her girls
 - must know the basics of First Aid

Program of Activities: Cluster Show, Starry Night, Games, Dancing, Handcraft, Dulang Pambata and Tour

Things to Bring:

Individual

- Two (2) sets of Dress Uniform complete with GS paraphernalia and GS Cap
 Two (2) sets of Camp Uniform (T-Shirt with GS Logo & Bermuda Shorts) with green socks
 Closed black flat shoes, rubber shoes, slippers
 Set of eating utensils (plastic plate, spoon, fork, cup and saucer, drinking glass, cloth napkin, all these placed in a drawstring bag)
 Toilet Articles (soap, toothbrush, toothpaste, powder, etc.)
 Face and bath towels
 Raincoat, Sweater or jacket
 Comfortable working Clothes
 Several changes of underwear
 Sit-upon (a plastic sheet about 3 ft. square)
 Medical Certificate and Parent's Consent
- Shoe Polish Kit
 Water Canteen
 Wide-Brim Hat
 Scout Knife
 Flashlight

Patrol Equipments/Miscellaneous

- Water jug/container
 Pails, basins & dippers
 First Aid Kit with personal maintenance
- Beach umbrella
 Buntings

Adequate food for the entire duration

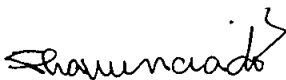
Kerosene/LPG Stove

Three (3) pcs. Sako bag for litters enough for the whole duration

Enclosed, please fill up the Application and Health Forms which will be submitted upon pre-registration on February 8, 2017 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. Likewise, Service Credits may be claimed during Saturday and Sunday. 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



HON. MARIA PUREZA V. CHATTO
Council President



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



WILFREDA D. BONGALOS, Ph.D, CESO VI
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 _____

GIRL SCOUTS OF THE PHILIPPINES
 VISAYAS REGIONAL OFFICE
 Marina Yulo-Vargas Regional Program & Training Center
 Capitol Hills, Cebu City

INFORMATION SHEET

1. Name _____ 2. Age _____ yrs. old
 3. Date of Birth _____ 4. Place of Birth _____
 5. Home Address _____ 6. Tel. No. _____
 7. Parents: (Father) _____ (Mother) _____
 8. In case of Emergency, the person to notify is: _____
 Address: _____ Tel. No. _____
 9. Date of Latest Registration with GSP _____ Troop No. _____
 10. Years in Girl Scouting:
 As a Twinkler _____ As a Senior _____
 As a Star _____ As a Cadet _____
 As a Junior _____
 11. Positions Held or Special Responsibilities in the Troop:
 Inclusive Dates: _____

 12. Participation in Scouting Events other than Camping:
 District Level _____
 Council Level _____
 Regional Level _____
 National Level _____
 13. Camping Experiences:

	<u>Name of Participation</u>	<u>Duration</u>	<u>Number of Times</u>
Patrol Camp	_____	_____	_____
Troop Camp	_____	_____	_____
District Camp	_____	_____	_____
Council Camp	_____	_____	_____
Regional Camp	_____	_____	_____
National Camp	_____	_____	_____
Int'l Camp	_____	_____	_____

14. Badges Earned:
 As a Twinkler _____
 As a Star _____
 As a Junior _____
 As a Senior _____
 As a Cadet _____
 15. Special Awards/Scholarship Received

<u>Title/Kind</u>	<u>Date Awarded/Conferred</u>
_____	_____
_____	_____
_____	_____

16. Organizations other than GSP/Club Affiliations

<u>Name of Club/Group</u>	<u>Position/Responsibility Held</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____

17. Special Interest/Hobbies _____

 18. Religious Affiliation: _____
 19. Food Prohibition: _____

Signature

Date