



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

Division Advisory No. 068, s. 2024
May 13, 2024

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 SDO Capiz officials,
personnel/staff, as well as the concerned public.
(Visit www.depedcapiz.ph)

Attached is GSP Capiz Council Local Circular No. 11, s. 2024 regarding the **Saver Camp 2024** on **May 18-19, 2024** at **Pawa Beach, Panay, Capiz**. Participation to the activity is voluntary and must adhere with DepEd Order No. 008, S. 2023 titled "*Participation of Teachers in Volunteer Work and Extra Curricular Activities*", DepEd Order No. 66, s. 2017 titled "*Implementing Guidelines on the Conduct of Off-Campus Activities*", DepEd Order No. 22, s. 2023 titled "*Implementing Guidelines on the School Calendar and Activities for the School Year 2023-2024*" and DepEd Order No. 003, s. 2024 titled "*Amendment to DepEd Order No. 22, s. 2023*".

For more information, please contact:

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GIRL SCOUTS OF THE PHILIPPINES
VISAYAS REGION
CAPIZ COUNCIL
ROXAS CITY

RECEIVED

Local Circular No. 11
Series, 2024
April 30, 2024

MAY 02 2024

TO : ALL DISTRICT SUPERVISORS, HEADS OF PRIVATE/NATIONAL HIGH SCHOOL/TESDA/ CHED/ SEC. GS COORDINATORS/ CAPIZ GIRL SCOUT COUNCIL LEADERS ASSOCIATION (CAGSCLA) OFFICERS/ YOUTH FORMATION OF CAPIZ DIVISION SDO & ROXAS CITY SDO

FROM : COUNCIL PRESIDENT

RE : SAVER CAMP 2024

SIR/MADAM:

GREETINGS!

Please be informed that the Capiz Girl Scout Council – **Service Auxiliary Volunteers for Emergency and Relief (SAVER) Camp** will be on **May 18 (Saturday) – 19 (Sunday), 2024** at the **Pawa Beach, Panay, Capiz**.

Hereunder the details:

EVENT : **Service Auxiliary Volunteers for Emergency and Relief (SAVER) Camp** on May 18 (Saturday) – 19 (Sunday), 2024 at the Pawa Beach, Panay, Capiz.

FEE : P1,500.00 (to cover food, accommodation, training materials, transportation expenses, certificates and other miscellaneous expenses).

PARTICIPANTS: 4-6 Senior/Cadet Girl Scout for every secondary/integrated schools

QUALIFICATION OF DELEGATES:

1. Must be a registered Senior/Cadet Girl Scout as of April, 2024
2. Must have at least attended Troop Camps, School Camp and Council Trainings
3. Must be physically fit for the activity
4. Must be emotionally mature
5. Must have earned at least three (3) badges in the 8-Point Challenge

THINGS TO BRING:

- | | |
|--|---------------------------|
| - complete set of GSP Official Uniform | - flashlight/solar lights |
| - two (2) sets of Camp Uniform (Green Short/GSP T-Shirt) | - sit upon |
| - toiletries and other personal things (including medicines) | - spoon/fork/glass |
| - garbage bag | - beach dress |
| - night wear/pajamas/GSP jogging pants | - swimming attire |
| - Notebook | - tent w/ beddings |

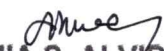
The delegates are required to **accomplish all NHQ Required Forms** to be submitted on or before **May 17, 2024** at Capiz GS Headquarters. **Pre-registration** is a must for reservation of the slots. Kindly submit list of delegates to the Council not later than **May 10, 2024**.

Thank you very much and we shall look forward for your participation.

Our best scouting wishes as always.

FOR:

SEGUNDINA F. DOLLETE, Ed.D.
Council President


MENIA S. ALVIDERA
Vice President for Field

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

COVID-19 HEALTH DECLARATION AND LIABILITY WAIVER

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.:	
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 lumnok)			
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		
Unvaccinated			

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 _____.

HEALTH EXAMINATION FORM

Address _____

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 _____

healthform/xl