



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

Division Advisory No. 012, s. 2025
28 JAN 2025

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 Capiz officials, personnel/staff, as well as the concerned public.

(Visit www.deped.gov.ph)

Attached is Girl Scouts of the Philippines Capiz Council Local Circular No. 02, s. 2025 titled **Council Star Revel** on February 18, 2025 at Capiz Gymnasium, Villareal Stadium, Roxas City.

Participation to this activity is voluntary and subject to compliance with DepEd Order No. 9, s. 2005 titled **Instituting Measures to Increase Engaged Time-On-Task and Ensuring Compliance Therewith**, DepEd Order No. 009, s. 2024 titled **Implementing Guidelines on the School Calendar and Activities for S.Y. 2024-2025** and DepEd Memorandum No. 41, s. 2024 titled **Reiteration of the “No Collection Policy” in Schools**, DepEd Order No. 66, s. 2017 titled **Implementing Guidelines on the Conduct of Off-Campus Activities** and DepEd Order No. 008, s. 2023 titled **Participation of Teachers in Volunteer Work and Extra Curricular Activities**. The details and overview of this program are attached for reference.

For more information, please contact:

SHERRY ROVELL C. VILLAR

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Capiz Council
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GIRL SCOUTS OF THE PHILIPPINES
VISAYAS REGION
CAPIZ COUNCIL
ROXAS CITY

Department of Education
SCHOOLS DIVISION OF CAPIZ
Banica, Roxas City
RECORDS SECTION
RECEIVED

Local Circular No. 02
Series 2025
January 21, 2025

NAME: _____
SCHOOL: _____
DATE: JAN 21 2025 2
CONTACT #: _____
REMARKS: _____

TO : ALL DISTRICT SUPERVISORS, HEADS OF PRIVATE SCHOOLS/DISTRICT FIELD ADVISOR (DFA)/ TWINKLER ADULT LEADERS/ CAPIZ GIRL SCOUT COUNCIL LEADERS ASSOCIATION (CAGSCLA) OFFICERS/ YOUTH FORMATION OF CAPIZ & ROXAS CITY SDO

FROM : COUNCIL PRESIDENT

R E : COUNCIL STAR REVEL

SIR/MADAM:

GREETINGS!

We are pleased to inform you that the **Council Star Revel** will be held on **Tuesday, February 18, 2025** at 8:00 o'clock in the morning at the **Capiz Gymnasium, Villareal Stadium, Roxas City**.

Event : COUNCIL STAR REVEL

Time & Date : **Tuesday, February 18, 2025, 8:00 AM – 4:00 PM**

Venue : **Capiz Gymnasium, Villareal Stadium, Roxas City.**

Fee : P300.00 per participant (program materials, token, certificate, and misc. expenses)

Participants : *Registered Star GS as of December 2024


*One (1) adult chaperone per Private/ District School (Capiz & Roxas City Div.)

Enclosed are the Application with Parent's Consent Form, Physical Health and COVID- 19 Waiver Form which we expect at the GSP Office on or before **February 14, 2025**.

The funds and necessary expenses for this event of participating Adult Leaders and Girls is chargeable from the District's GSP/ local funds.

Thank you and we look forward to a 100% attendance.

God bless us all.


SEGUNDINA F. DOLLETE, EdD
Council President

GIRL SCOUTS OF THE PHILIPPINES
VISAYAS REGION
CAPIZ COUNCIL

**APPLICATION FORM
(GIRL)**

Event: _____ Date: _____

PERSONAL DATA:

Name: _____

LAST	MIDDLE	FIRST
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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

HEALTH EXAMINATION FORM

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.:	
HEALTH HISTORY: (Check giving approximate dates)			
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Chickenpox	
<input type="checkbox"/> Ear Abscess	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Mumps	
<input type="checkbox"/> Fainting	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Whooping Coughs	
<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Measles	<input type="checkbox"/> Sinusitis	
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Athlete's Foot	
<input type="checkbox"/> Stomach Upsets	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Constipation	
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Operations or serious injuries	<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Allergic Reactions: Penicillin		<input type="checkbox"/> Other Drugs	
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 the camp organizer on or before _____.*



GIRL SCOUTS OF THE PHILIPPINES

COVID-19 HEALTH DECLARATION AND LIABILITY WAIVER

Council:		Region:	
Name:			
Last		First	
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 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)			
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		

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 _____.