



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

**Division Advisory No. 016, s. 2025**

04 February 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](http://www.deped.gov.ph))

Attached is Girl Scouts of the Philippines Capiz Council Local Circular No. 03, s. 2025 titled **Council Junior, Senior and Cadet Camp** on February 28 – March 2, 2025, 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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Girl Scouts of the Philippines  
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**

FEB 03 2025

Local Circular No. 03  
Series 2025  
February 3, 2025

**TO : ALL DISTRICT SUPERVISORS, SECONDARY/ELEMENTARY SCHOOL PRINCIPALS, HEADS OF PRIVATE/NATIONAL HIGH SCHOOL/TESDA/ CHED/ DISTRICT FIELD ADVISOR (DFA)/ SEC. GS COORDINATORS/ CAPIZ GIRL SCOUT COORDINATORS LEADERS ASSOCIATION (CAGSCLA) OFFICERS/ YOUTH FORMATION OF CAPIZ AND ROXAS CITY DIVISION SDO**

**FROM : COUNCIL PRESIDENT**

**R E : COUNCIL JUNIOR, SENIOR AND CADET CAMP 2025**

**GREETINGS!**

This is to confirm the schedule of the Council Junior, Senior and Cadet Camp on February 28- March 2, 2025 at Camp Candida Belo, Timpas, Panitan, Capiz.

Hereunder are the details of the aforementioned events for your information and guidance.

Event : Council Junior/Senior/Cadet Camp  
Date : February 28 (Friday, 7:00 PM) – March 2 (Sunday, 3:00 PM), 2025  
Theme : 'Capiz Council: 75 Years of Girl Empowerment and Leadership Excellence'  
Venue : Camp Candida Belo, Timpas, Panitan, Capiz  
Camp Fee : **P500.00** per camper/adult chaperone for program materials, awards, certificates, administrative and overhead expenses.  
Participants : A minimum of 2 patrols and a maximum of 4 patrols for every age level of the Junior/Senior/ Cadet girls per District & Secondary Schools, one (1) Adult Leader for every patrol of Junior/Senior/Cadet Girl Scouts.

Other details and program activities will be sent later. Contest for Miss Charity 2025 (Junior/Senior/Cadet) will be one of the activities. The proceeds of this contest will be used for physical development of Camp Candida Belo, Timpas, Panitan, Capiz. Deadline of submission of list of campers is **on or before February 24, 2025** to give us ample time to prepare the program materials.

**Qualification of Campers**

Girl : Must be registered Junior/Senior/Cadet Girl Scouts as of February 2025  
: Must be physically fit and alert as certified by a licensed physician  
: Must have attended previous camping particularly troop/ district camp  
: Must have earned at least four (4) badges each of the 8-Point Challenge

- Adult : Must be registered Troop Leader as of February 2025  
: Must have undertaken Outdoor Leadership Course preferably a Campcraft holder  
: Must be physically fit to undergo the rigors of outdoor life.  
: Must be mature and responsible and understand her the girls  
: Must know simple first aid.

Attached is the Reply Slip and all required forms such as Application Form for Girls, Parent's Consent, Health Form and COVID Declaration Waiver Form which we expect to receive at the Council on or before February 24, 2025.

We look forward to a 100% attendance to this event.

Happy Camping preparations! See you all at Camp Candida Belo, Timpas, Panitan, Capiz.

  
**SEGUNDINA F. DOLLETE, EdD**  
Council President

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**REPLY SLIP**  
**(To be submitted to Council Office on or before February 24, 2025)**

The Council President/Executive  
GSP-Capiz Council  
Roxas City

\_\_\_\_\_  
Date

Madam:

We are sending the following number of participants to the Council Junior/ Senior/ Cadet Camp on Feb. 28 – Mar. 2, 2025 at Camp Candida Belo, Timpas, Panitan, Capiz.

Number of Participants: \_\_\_\_\_ Girls \_\_\_\_\_ Chaperones

Age Level: \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Cadet

School: \_\_\_\_\_ District: \_\_\_\_\_

\_\_\_\_\_  
DFA/ SEC. COORDINATOR

Noted:

\_\_\_\_\_  
School Principal/District Commissioner



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

## 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.:	
<b>HEALTH HISTORY: (Check giving approximate dates)</b>			
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/>	<input type="checkbox"/> Chickenpox
<input type="checkbox"/> Ear Abscess	<input type="checkbox"/> Convulsions	<input type="checkbox"/>	<input type="checkbox"/> Mumps
<input type="checkbox"/> Fainting	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/> Whooping Coughs
<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Measles	<input type="checkbox"/>	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Bronchitis	<input type="checkbox"/>	<input type="checkbox"/> Athlete's Foot
<input type="checkbox"/> Stomach Upsets	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/> Constipation
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Operations or serious injuries	<input type="checkbox"/>	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Allergic Reactions: Penicillin	<input type="checkbox"/> Other Drugs	<input type="checkbox"/>	<input type="checkbox"/>
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:				
<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>Unvaccinated</b>
<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></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 \_\_\_\_\_.