



# GIRL SCOUTS OF THE PHILIPPINES

Western Mindanao Region  
Zamboangadel Norte Girl Scout Council

CHQ Circular No. \_\_\_\_\_  
Series of 2019



**TO :** GSP DIVISION COORDINATOR  
DISTRICT/SCHOOL COMMISSIONERS  
PRIVATE SCHOOL COMMISSIONERS  
DISTRICT FIELD ADVISERS  
SECONDARY SCHOOL COORDINATOR/TROOP LEADERS


**RE :** ADDITIONAL INFORMATION FOR THE PATROL LEADER'S CAMP PERMIT  
COURSE

**DATE :** 28 AUGUST 2019

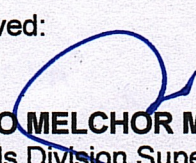
Herewith are additional information regarding the upcoming Patrol Leaders Camp Permit Course on September 13-15, 2019 which will be held at Sindangan Pilot Demonstration school, Sindangan, Zamboanga del Norte.

1. To give ample time for the Council to prepare the training materials, please confirm the number of participants on or before **September 6, 2019.**
2. Troop Leaders who will served as chaperon for the girls will also have their registration fee of Php 700.00 per adult leader provided that the standard of eight (8) girls with one (1) troop leader/co-leader will be followed.
3. Things to Bring:
  1. Patrol Tent(Dome Tent) good for 6-8 girls.
  2. Eating Utensils
  3. Personal Belongings
  4. Bedrolls, Flashlights
  5. Official/Camp Uniforms(Bermuda Shorts, GSP T-Shirt) pins, strips, belt, scarf, GS Cap, white socks.
  6. Patrol First Aid Kit
4. Enclosed herewith is the Application Form, Health Form and Parents Consent

Please be guided accordingly to the additional information.

  
**ARMIE GAY C. BAGATUA**  
Council Executive

Approved:

  
**PEDRO MELCHOR M. NATIVIDAD, CSEE**  
Schools Division Superintendent  
Division of Zamboanga del Norte





GIRL SCOUTS OF THE PHILIPPINES  
Western Mindanao Region  
Jardin delas Niñas, Program and Training Center  
Cabatangan, Zamboanga City

**GIRL'S APPLICATION FORM**

Event: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL DATA:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Tel No. \_\_\_\_\_

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

Date of Last Registration: \_\_\_\_\_ No. of years in scouting: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Last Camping event attended \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel No. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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**CERTIFICATION**

We hereby certify that the applicant has met all the requirements for participation in this event.

\_\_\_\_\_  
Troop Leader

\_\_\_\_\_  
Council President

\_\_\_\_\_  
Council Executive

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**ENDORSEMENT**

\_\_\_\_\_  
Regional Chairman

\_\_\_\_\_  
Regional Executive Director





GIRL SCOUTS OF THE PHILIPPINES  
Western Mindanao Region  
Jardin delas Niñas, Program and Training Center  
Cabatangan, Zamboanga City

**PARENTS/GUARDIAN'S CONSENT FORM**

\_\_\_\_\_  
Date

TO WHOM IT MAY CONCERN:

This is to inform that I consent to the attendance and participation of my daughter

\_\_\_\_\_ at the \_\_\_\_\_

to be held at \_\_\_\_\_ on \_\_\_\_\_

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 insure her safety in camp. I shall not hold the Camp Staff and the Girl Scouts of the Philippines responsible for any untoward accident that may happen beyond their control. Her physical fitness is assured in a Medical Certification.

Thank you and with our best regards.

Very truly yours,

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/ Guardian





**GIRL SCOUTS OF THE PHILIPPINES**  
Western Mindanao Region  
**ZAMBOANGA DEL NORTE GIRL SCOUT COUNCIL**

**HEALTH EXAMINATION FORM**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Surname First Name Middle

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

In case of emergency please notify \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

HEALTH HISTORY : (Please check giving approximate dates)

Frequent Colds \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Chickenpox \_\_\_\_\_

Abscessed Ears \_\_\_\_\_ Convulsions \_\_\_\_\_ Mumps \_\_\_\_\_

Fainting \_\_\_\_\_ Sleep Walking \_\_\_\_\_ Whooping Coughs \_\_\_\_\_

Frequent Soar Throat \_\_\_\_\_ Measles \_\_\_\_\_

Sinusitis \_\_\_\_\_ Athlete's Foot \_\_\_\_\_

Stomach Upsets \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Constipation \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Operations or serious injuries \_\_\_\_\_ Diabetes \_\_\_\_\_

Allergic Reactions:  
Penicillin \_\_\_\_\_ other drugs \_\_\_\_\_

Details of the above or additional information \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

IMPORTANT: Please notify the Camp of this applicant is exposed to any communicable Disease during the three weeks prior to camp attendance.

\_\_\_\_\_  
Attending Physician

\_\_\_\_\_  
Licensed No.

\_\_\_\_\_  
Date of Examination