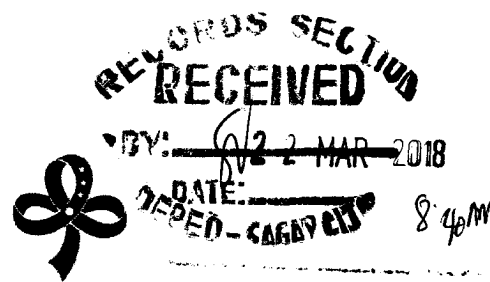




Republic of the Philippines
Department of Education
Region VI- Western Visayas
DIVISION OF SAGAY CITY



March 21, 2018

Division Memorandum



No. 109 s. 2018


To: Assistant Schools Division Superintendent
Chief SGOD and CID
District Supervisors
School Heads of Private and Public Elementary, Secondary, and Senior High Schools
District Field Advisers
Troop Leaders Concerned

REGIONAL TRAINING SCHOOL 2018- AGE LEVEL COURSE

1. In reference to GSP Circular Memo #13, s. 2018, the field is hereby informed of the upcoming Regional Training School which will be held on April 11- 14, 2018 at Marina Yulo- Vargas Regional Program and Training Center, Cebu City.
2. Registration fee is P3, 000.00 per participant to cover food, accommodation, and souvenir.
3. Participants are required to bring the following:
 - 2 sets of new business uniform
 - Alternate uniform
 - Closed black shoes
 - Semi- formal dress
 - Jogging/ physical fitness outfit
 - Rubber shoes/ slippers
 - Sit- upon
 - Toiletries/ towels
 - Flashlight/ first aid kit
 - Personal medicines
 - Writing materials, references
 - Shoeshine kit
 - Scrapbook and art materials
 - Camera(optional)

4. Only those who have taken the GSP Basic Course Training and/ or Outdoor Leadership Course are qualified to attend.
5. Enclosed are the Information sheet and Health Form for the individual participants to accomplish and submit on March 27, 2018.
6. Travelling expenses and registration of teachers and schools heads will be charged to School MOOE or any other local funds subject for the usual accounting and auditing rules and regulations. While that of the Division GSP Coordinator will be charged to Division/ Local Fund.
7. Widest dissemination of this memorandum is so desired by this office.

 **MARSETTE D. SABBALUCA, CESO VI**
Schools Division Superintendent 


AZUCENA T. PALALES, PH. D., CEE
OFFICER-IN-CHARGE
ASST. SCHOOLS DIVISION SUPERINTENDENT
IN-CHARGE OF THE DIVISION

Enclosure #1

LIST OF QUALIFIED PARTICIPANTS

NAME	SPECIALIZATION	SCHOOL
SHEILAMAE P. MAYONILA	SENIOR	DIVISION OFFICE
PRECIOUS DESPALO	SENIOR	BULANON NHS
LORELIE ALVAREZ	SENIOR	ELMIS- SECONDARY
MARIALYN INON	SENIOR	SEWAHON NHS
OYEN DONASCO	SENIOR	SNHS- RIZAL EXT.
LILIBETH ARDO	JUNIOR	AEMSES- REGULAR
MARITES IGLESIA	STAR	HAUTEA ES
ROWENA CORBO	JUNIOR	RICARDO GAMBOA ES
GEORGETTE SOLLANO	JUNIOR	AEMSES- REGULAR
NERISSA ARELLANO	STAR	UYCHIAT ES
CHARRIE MAE BARBA	STAR	PLARIDEL ES

PHYSICAL EXAMINATION - to be filled out by licensed physician

Code V - Satisfactory

X - Not Satisfactory (explain)

Height	_____	Blood Pressure	_____	Circulatory System	_____	Blood	_____
Weight	_____			Urinalysis	_____	Analysis	_____
Eyes	_____			Loco-motor System	_____		
Eye glasses	_____			Nervous System	_____		
Ears	_____			Skin	_____		
Nose	_____			Allergy - Please specify	_____		
Throat	_____				_____		
Teeth	_____				_____		
Heart	_____			General Appraisal	_____		
Lungs	_____			Menstrual History	_____		
Abdomen	_____				_____		
	Genitalia	_____					
	Genia	_____					

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 REGION
Marian Yulo-Vergara Regional Program & Training Center
Bancroft Building, Cebu City

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 _____

Abcessed 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	_____
Weight	_____			Urinalysis	_____	Analysis	_____
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 _____