



Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION
SCHOOLS DIVISION OF BAGUIO CITY

ADVISORY NO. 005-2023

June 9, 2023

In compliance with DepEd Order No. 8, s. 2013
this advisory is issued not for endorsement per DO No. 28, s. 2001 but only for the
information of DepEd officials, personnel/staff, as well as the concerned public.
(Visit www.deped.gov.ph)

BAGUIO CITY YOUTH INTERNATIONAL AIDS CANDLELIGHT

The Girls Scout of the Philippines Baguio City Council had been invited by the Local Development Council (LYDC) to participate in the Baguio City Youth International AIDS Candlelight Memorial at Burnham Park View Deck, Burnham Park, Baguio City on June 11, 2023 (Sunday) at 4:30 in the afternoon.

The aforementioned activity, with the theme "Spread Love and Solidarity, Not Stigma and Fear" aims to raise social consciousness about HIV and AIDS as well as remove barriers of stigma and discrimination among the Girl Scouts.

In this regard, this Office requests all School Heads to disseminate the information about this activity to all the GSP School Coordinators and GSP Troop Leaders. Furthermore, participation to this activity is voluntary and are advised to wear their GSP Official Uniform. Parental-consent must be secured by the learners.

Attached are the forms to be filled out as requirements in attending the activity.

SORAYA T. FACULO PhD, CESO VI
Assistant Schools Division Superintendent
Officer-in-Charge, Office of the Schools Division Superintendent





GIRL SCOUTS OF THE PHILIPPINES

Northern Luzon Region
Baguio Girl Scout Council

APPLICATION FORM FOR GIRLS

PERSONAL DATA			
Name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Nickname:		Date of Birth:	
Home Address:		Phone No.:	
Present School:		Grade/Year:	
Parents/Guardian:			
Person to notify in case of emergency:		Relationship:	
Address:			
Badges Earned in 8-point Challenge:		Phone No.:	
Badges earned in Special Badges: <u> </u> YUNGA <u> </u> GAT <u> </u> STV <u> </u> Free Being Me			
Patrol Leadership Training: Date <u> </u>		Venue <u> </u>	
Religious Affiliation:			
Food Prohibition:			
GIRL SCOUTING DATA			
Date of Registration:			
Troop No.:		Troop Name:	
SCOUTING ACTIVITIES/EVENTS ATTENDED			
<small>(International, National, Regional, Council, and District): You may add additional paper if needed.</small>			
ACTIVITY/IES	LEVEL	DATE	PLACE
GIRL SCOUT CAMPS ATTENDED			
<small>(International, National, Regional, Council, and District): You may add additional paper if needed.</small>			
ACTIVITY/IES	LEVEL	DATE	PLACE
AWARDS/RECOGNITION IN SCOUTING			
<small>(International, National, Regional, Council, and District): You may add additional paper if needed.</small>			
AWARD/S	CITATION	DATE RECEIVED	
Submitted by:			
<hr style="width: 60%; margin: auto;"/> Signature of Applicant			
Endorsed by:			
<hr style="width: 80%; margin: auto;"/> Troop Leader		<hr style="width: 80%; margin: auto;"/> GSP School Coordinator	
Approved by:			
<hr style="width: 80%; margin: auto;"/> Council Executive		<hr style="width: 80%; margin: auto;"/> Date	

IMPORTANT! This form must be received at GSP Baguio City Council whichever is the camp organizer on or before _____.



GIRL SCOUTS OF THE PHILIPPINES

Northern Luzon Region
Baguio Girl Scout Council

PARENT'S CONSENT FORM

To whom it may concern:

This is to allow my daughter, _____ of _____ to participate in the **Baguio City Youth International AIDS Candlelight Memorial** at **Burnham Park View Deck, Burnham Park, Baguio City** on **June 11, 2023, Sunday**, with its theme: **"Spread Love and Solidarity, Not Stigma and Fear."**

We will not hold the Girl Scouts of the Philippines responsible for any untoward incident that may happen beyond its control.

Name of Parent

Signature

Address

Date

IMPORTANT! *This form must be received at GSP Baguio City Council whichever is the camp organizer on or before _____.*



GIRL SCOUTS OF THE PHILIPPINES

Northern Luzon Region
Baguio Girl Scout Council

COVID-19 HEALTH DECLARATION AND LIABILITY WAIVER

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.:	
COVID-19 HEALTH DECLARATION			
COVID-19 Exposure:			
Are you currently experiencing symptoms or have experienced them 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 Pvaccine.			
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
1st	2nd		
			Unvaccinated

LIABILITY WAIVER

I hereby acknowledge that COVID-19 is an extremely contagious disease caused by the 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 to 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

Date