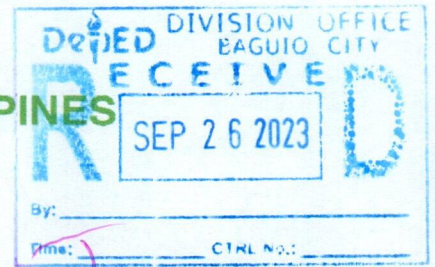


GIRL SCOUTS OF THE PHILIPPINES
Northern Luzon Region
Baguio Girl Scout Council



CHQ CIRCULAR NO: 38
Series 2023

TO: DISTRICT SUPERVISORS, PRINCIPALS, HEAD TEACHERS, GSP DISTRICT FIELD ADVISERS, GSP SCHOOL COORDINATORS AND TROOP LEADERS

RE: SCHOOL TROOP BARANGAY (PARENTS) AND SCHOOL PTA OFFICERS

DATE: 25 SEPTEMBER 2023

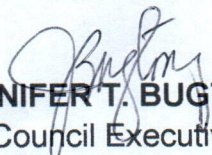
The **GSP Baguio City Council** scheduled a **GSP SCHOOL TROOP BARANGAY AND SCHOOL PTA OFFICERS** on **Saturday, September 29, 2023. 1pm onwards**. This will provide updates on membership, programs, trainings and GSP events for this 75th Anniversary of the GSP Baguio.

In this connection, may we asks permission to kindly encourage the **GSP School Troop Barangays' and your PTA Officers representatives** to attend the said meeting. **Kindly confirm your attendance on or before September 28 2023.**

We look forward to your favorable action to our request.

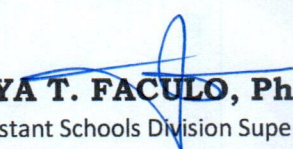
Thank you in advance for your continuing support to the Scouting Movement.

Very truly yours,


JENNIFER T. BUGTONG
Council Executive

Public Elementary and Secondary School Heads
Private Elementary and Secondary Schools
Heads/Administrators
GSP District Field Advisers
GSP School Coordinators and Troop Leaders

For information and guidance.


SORAYA T. FACULO, Ph., CESO VI
Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent/
GSP Council Commissioner on Admin



GIRL SCOUTS OF THE PHILIPPINES
Northern Luzon Region
Baguio Girl Scout Council

SCOUTING MONTH PROGRAM & PARADE
75TH GSP BAGUIO CHARTER KICK OFF PARADE
Date: October 01, 2023
Venue: BCNHS, Baguio City

INFORMATION FORM FOR GIRLS

Council:		Region:	
PERSONAL DATA			
Name:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	
Date of Birth:			
Home Address:		Phone No.:	
School:		Year:	
Parents/Guardian:			
Person to notify in case of emergency:			
Relationship:			
Address:		Phone No.:	
Special Interest/Hobbies:			
Religious Affiliation:			
Food Prohibition:			
Special Awards/Recognition Received:			
GIRL SCOUTING DATA			
Date of Last Registration:			
Troop No.:		Troop Name:	
GIRL SCOUTING EXPERIENCE			
Patrol Leader's Camp Permit Course		Date Attended:	
Patrol Leader's Camp Permit Certificate		Date Awarded:	
Badges Earned as Senior or Cadet Girl Scout			
Troop/Patrol/Council/Regional Camps Attended		Venue/Date	
_____ Signature of Applicant			
Endorsed by:			
_____ Troop Leader			
Approved by:			
_____ Council Executive			
_____ Regional Executive Director		_____ Date	

IMPORTANT! This form must be received at GSP Baguio Council whichever is the event/program/training organizer on or before September 29, 2023.



GIRL SCOUTS OF THE PHILIPPINES
Northern Luzon Region
Baguio Girl Scout Council

SCOUTING MONTH PROGRAM & PARADE
75TH GSP BAGUIO CHARTER KICK OFF PARADE
Date: October 01, 2023
Venue: BCNHS, Baguio City

PARENT'S CONSENT FORM

To whom it may concern:

This is to allow my daughter, _____
of _____ School to participate in the **SCOUTING MONTH PROGRAM & PARADE and 75th GSP BAGUIO CHARTER KICK OFF PARADE** to be held on September 30, 2023 at the Baguio City National High School for the Program and to Parade from SM down to Session Road and Melvin Jones Grandstand, Baguio City.

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

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GIRL SCOUTS OF THE PHILIPPINES
Northern Luzon Region
Baguio Girl Scout Council

SCOUTING MONTH PROGRAM & PARADE
75TH GSP BAGUIO CHARTER KICK OFF PARADE
 Date: October 01, 2023
 Venue: BCNHS, Baguio City

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"/>	Ear Abscess	<input type="checkbox"/>	Convulsions
<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Sleep Walking
<input type="checkbox"/>	Frequent Sore Throats	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Bronchitis
<input type="checkbox"/>	Stomach Upsets	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Operations or serious injuries
<input type="checkbox"/>	Allergic Reactions: Penicillin	<input type="checkbox"/>	Other Drugs
<input type="checkbox"/> Chickenpox <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Coughs <input type="checkbox"/> Sinusitis <input type="checkbox"/> Athlete's Foot <input type="checkbox"/> Constipation <input type="checkbox"/> Diabetes			
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

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