



15 October 2026

COUNCIL MEMORANDUM
NUMBER 04 s 2026

PATROL LEADERS TRAINING COURSE (PLTC)

1. We are pleased to announce the conduct of a PATROL LEADERS TRAINING COURSE (PLTC) on October 23 - 25, 2026 to be hosted by Mabini Elementary School.
2. The objective of this training is to identify the duties and responsibilities of a Boy Leader as well as demonstrate necessary skills to fulfill the role of a Patrol Leader.
3. Qualified to attend the training are:
 - a. Currently registered and physically fit for the training. Re-registration of expired membership should be made prior to the conduct of the course
 - b. Type A uniform
 - c. At least Grade 4 and with Parents/Guardian's consent
 - d. Must bring their own notebook and ballpen
 - e. Must bring their own tent, sleeping bag/ground mat, blanket, extra working cloths and other personal needs.
 - f. Must bring their own food sufficient for the duration of the training
4. A registration fee of Php 300.00 will be charged each participant to cover training materials, certificates and other program/administrative expenses.

Please confirm your number of participants on or before Tuesday, 20 October 2026 so that appropriate preparations will be made prior to the activity.
5. Other details of the training are:
 - a. Participants will bring their own cooking equipments and must arrange their own transportation from point of origin to the training site drop-off point and return.
 - b. Scout units must organize their participants which shall be sub-divided into Patrols.
 - c. Orderliness, cleanliness and discipline shall be observed at all times.
6. Everybody is enjoined to give everyone all possible opportunities to experience attending this Scout training.
7. Participants are advised to report at the training venue on or before 4:30 in the afternoon of Friday, 23 October 2026 for registration and the Opening Program.
7. Attached is a copy of the Training Application Form which you can reproduced to meet your needs.
8. For information, guidance and widest dissemination.


RAMON E. JACINTO
Council Scout Executive

To: School Administrators
Teacher's In-Charge
Elementary & Secondary Teachers &
Coordinators
(Public and Private)

FOR YOUR INFORMATION AND
APPROPRIATE ACTION.


SORAYA T. FACULO, Ph.d., CESO V
Schools Division Superintendent
Council Scout Commissioner

Boy Scouts of the Philippines
PATROL LEADERS TRAINING COURSE
October 23-25, 2026
Mabini Elementary School, Baguio City

REGISTRATION FORM

(Please type or print legibly)

Date: _____

Sponsoring Institution/School: _____

Name: _____ Nationality: _____
Last Name First name Middle Initial

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Religion: _____

Mailing Address: _____ Tel. No.: _____

Father's Name: _____ Mother's Name: _____

Sponsoring Institution (SI): _____

S.I. Address: _____ Telephone No.: _____

Scouting Position: _____ Rank: _____ Scout Unit No. _____

Membership Card No. _____ Expiration Date: _____

Camping, Jamborees and Training (Title, Venue, Inclusive Dates)

I transmit herewith:

_____ the full payment of P 300.00

I do hereby agree to exert my very best to be worthy as a representative not only of the Boy Scouts of the Philippines, but also of my Council thru my strict observance of the Scout Ideals as embodied in the Scout Oath and Law.

And as a faithful delegate, I shall obey and cooperate with Jamboree Leaders who have authorized to exercise all actions necessary to maintain the prestige of my Sponsoring Institution in particular and the Boy Scouts of the Philippines in general.

Applicant's signature

APPROVAL OF PARENTS OR GUARDIAN

We hereby approve this application and certify to its correctness. In consideration of the benefits to be derived, we expressly waive any and all claims against the Boy Scouts of the Philippines or its representative on account of any incident or injury or damage to personal property that may occur beyond the control of the Contingent Officials/BSP provided adequate safety measures and precautions are instituted in connection with the participation of my son in the **PATROL LEADERS TRAINING COURSE**

We further agree to have said Scout meet the health requirements which includes his examination by a medical officer who will use the form provided by the National Office, BSP for this purpose and to obtain certification from the school authorities attesting to his/her academic standing.

Date: _____

Date: _____

Father/Guardian
(Signature over Printed Name)

Mother/Guardian
(Signature over Printed Name)

ACTION OF THE LOCAL COUNCIL

We hereby certify that the above applicant has met all the requirements for participation in this Scout event as set forth by the National Office of the Boy Scouts of the Philippines. We have personally interviewed the above applicant and found him/her physically fit and qualified to be a member of the Contingent. He/she is currently registered and on the basis of his record of satisfactorily Scouting experience and his/her cooperative attitude towards his/her fellow Scouts/Scouters, we recommend his/her acceptance as a member of the delegation.

Troop Leader/ Outfit Adviser
(Signature over Printed Name)

Date

Institutional Head
(Signature over Printed Name)

Council Scout Executive

Date

HEALTH AND MEDICAL RECORD

This health and medical record, including limitations indicated, is valid for participation in the Scouting Program for one year date of physician's examination' subject to recertification in camp and when required for special events.

Please fill out completely

HEALTH HISTORY

Have or subject to (check if yes):

- ☐ Fainting Spells
- ☐ Head Ache
- ☐ Chest Pain

- ☐ Palpitation
- ☐ Convulsions
- ☐ Others

- ☐ Nervousness
- ☐ Frequent Cough

- Shortn ☐ of Breath
- ☐ Easy Fatigue

Describe: _____

Have or subject to trouble with (check if yes):

- ☐ Eye, Ear, Nose, Throat
- ☐ Recurrent Diarrhea
- ☐ Hypertension
- ☐ Diabetes

- ☐ Hernia
- ☐ Heart
- ☐ Kidney
- Whooping Cough ☐

Have bad: (check if yes)

- ☐ Allergy
- ☐ Lungs
- ☐ Malaria

YEAR

- ☐ Measles _____
- ☐ Mumps _____
- ☐ Chicken Pox _____

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Explain _____

IMMUNIZATIONS

- Small Pox
- Diphtheria
- Tetanus Toxoid

Date of last inoculation *

- Polio (shots or oral)
- Others

Date of last inoculation

If applicant is under 21 years of age:

In the event of illness or injury occurring my son during his attendance at the jamboree, I do consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff furnishing medical services. I understand that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Signed _____ Date _____ Approved by: _____
Applicant Parent or Guardian

MEDICAL EXAMINATION

TO PHYSICIAN: Your careful examination and written recommendations will encourage personal fitness and safe participation in strenuous outdoor activities. Review health history. If incomplete, please ask that this essential information be provided for your use.

PHYSICAL FINDINGS:

Normal

- ☐ Eyes
- ☐ Vision
- ☐ Ears
- ☐ Nose
- ☐ Throat
- ☐ Teeth
- ☐ Lungs
- ☐ Heart
- ☐ Blood Pressure
- ☐ Abdomen

Abnormal

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

Explanation if abnormal

Hernia
Genitalia
Extremities
Posture (spine)
Skin

Urinalysis

Emotional Stability

IMMUNIZATION (see history)

(Check one)

OK

Needed

- Smallpox
- Diphtheria
- Tetanus Toxoid
- Polio
- Cholera-Dysentery-Typhoid

- ☐
- ☐
- ☐
- ☐
- ☐

- ☐
- ☐
- ☐
- ☐
- ☐

Date given

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:

- ☐ Camping and Hiking
- ☐ Water Sports
- ☐ Competitive Sports

Recommendations and/or restrictions (if none, so state) _____

Signed _____
Examinee

Signed _____
Physician and License No.