



Republic of the Philippines
Department of Education
REGION X

SCHOOLS DIVISION OF CAGAYAN DE ORO CITY



May 25, 2022

DIVISION MEMORANDUM

No. 213, s. 2022

**ADDENDUM TO DIVISION MEMORANDUM No. 180, s. 2022 re:
PARTICIPATION TO THE ADVANCED TRAINING COURSE (ATC) FOR
TROOP LEADERS**

To: **All Concerned School Heads**
All Concerned Troop Leaders
All Concerned ADAS-III
This Division

1. In relation to the conduct of **Advanced Training Course for Troop Leaders (ATC-TL)** on **June 2 to 8, 2022** at **Baikingon Elementary School, Baikingon, Cagayan de Oro City**, all concerned are hereby informed of the additional guidelines relative to the conduct of the ATC for Troop Leaders.
2. For Troop Leaders **with available School MOOE** to cover for the registration fee of Php 6,500.00 (Six Thousand Five Hundred Pesos Only), the concerned **School ADAS-III** must attest for the availability of funds in the Itinerary of Travel. Please refer to the attached (*Enclosure 1*) Itinerary of Travel format to be accomplished. To reiterate, the training fee is chargeable against local funds or School MOOE, subject to the usual accounting and auditing laws and procedures.
3. Participants shall also undergo medical examination to be administered by the Division Medical Section headed by *Dr. Baldomero Mark B. Meso III*. The said medical examination shall be conducted from May 24-27, 2022. As such, all concerned are directed to bring with them a copy of the Health and Medical Record Form that was distributed during the orientation meeting.
4. Attached also in this Memorandum are the additional participants to the ATC-TL endorsed by the BSP CDO Council in their communication dated May 23, 2022.



Address: Fr. William Masterson Ave., Upper Balulang, Cagayan de Oro City
Telephone No.: (088) 855-0049
Email: cagayandeoro.city@deped.gov.ph

5. Immediate dissemination of and strict compliance with this Memorandum are directed.


CHERRY MAE L. LIMBACO-REYES
Schools Division Superintendent

Encls.:

As stated.

References:

Division Memorandum No. 180, s. 2022
BSP Council Office Memo No. 3, s.2022

To be indicated in the Perpetual Index
under the following subjects:

Boy Scouts of the Philippines

Advanced Training Course for Troop Leaders

SGOD/jairus DM: Addendum BSP Advanced Training Course
011-May 25



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BOY SCOUTS OF THE PHILIPPINES

City of Cagayan de Oro Council

Cagayan de Oro City

Tel. No. 857- 1466

DepEd
CAGAYAN DE ORO CITY DIVISION
Received by:
Date: MAY 24 2022
Time: 11:51

May 23, 2022

CHERRY MAE L. REYES
Schools Division Superintendent
City Division Office
Masterson Street.
Upper Balulang, Cagayan de Oro City

THRU: SCTR. JAIRUS JOHN M. GOCHUCO
BSP – Division Coordinator
City Division Office

Mam / Sir:

Scouting Greetings!

Respectfully endorsing you the additional participants to the ADVANCED TRAINING COURSE FOR TROOP LEADERS – ATC – TL on June 2 - 8, 2022; held at Baikington Elementary School, Baikington Cagayan de Oro City to wit :

Name	Date of BTC	Venue	Recog. No.	School
1.Von Erick L. Ricaforte	Sept. 20-22 2019	CHVP ,Igpit Mis. Or	BTL-19-018	PONR HS
2.Warve Del Puerto	Dec.11-13, 2015	West CCS	BTL-15-036	Indahag ES CS
3. Vellijun V, Perez	Aug,15-17, 2017	Baikington ES	BTL-15-036	Baikington ES
4.Dennis M, Magalso	Aug. 15-17, 2017	Baikington ES	BTL -15-036	Baikington ES

Highly anticipating your usual support to the scouting movement.

Very truly yours,

MARLYN M. GULIGADO
Registration Officer

ITINERARY OF TRAVEL

DEPARTMENT OF EDUCATION
Division of Cagayan de Oro City

Name:

Purpose of Travel: To participate to the Advanced Training Course (ATC) for Troop Leaders at Baikingon Elementary School, Baikingon, Cagayan de Oro City on June 2-8, 2022.

Date	Place to be visited	TIME		Means of Transportation	EXPENSES		
		Departure	Arrival		Transportatio	Per Diem	TOTAL
06/01/22	Residence to BSP CDO Council	12:00 NN	12:30 PM	Taxi	150.00		150.00
							0.00
6/2-8/22	BSP CDO to Baikingon ES	3:30PM	4:00PM				0.00
	Traning Proper Registration Fee					6,500.00	6,500.00
06/08/22	Baikingon ES to BSP Council	6:30 PM	7:00 PM				0.00
	BSP Council to Residence	7:00 PM	7:30 PM		150.00		150.00
TOTAL							6,800.00

Funds Available:

Administrative Assistant - III

I certify that: (1) I have reviewed the foregoing itinerary, (2) the travel is necessary to the service, (3) the period is reasonable and (4) the expenses claimed are proper:

Recommending Approval:

School Principal

Prepared by:

Name of Teacher/Troop Leader

Approved by:

CHERRY MAE L. LIMBACO-REYES
Schools Division Superintendent

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):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Palpitation |
| <input type="checkbox"/> Head Ache | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Others |

- | | |
|---|--|
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Frequent Cough | <input type="checkbox"/> Easy Fatigue |

Describe: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Eye, Ear, Nose, Throat | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Recurrent Diarrhea | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Kidney |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Whooping Cough |

Have had: (check if yes)

- | | | |
|----------------------------------|--------------------------------------|------------|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Measles | YEAR _____ |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Mumps | _____ |
| <input type="checkbox"/> Malaria | <input type="checkbox"/> Chicken Pox | _____ |

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Explain _____

IMMUNIZATIONS

Small Pox	Date of last inoculation
Diphtheria	_____
Tetanus Toxoid	_____

Polio (shots or oral)	Date of last inoculation
Others	_____

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 | Abnormal |
|---|--------------------------|
| <input type="checkbox"/> Eyes | <input type="checkbox"/> |
| <input type="checkbox"/> Vision | <input type="checkbox"/> |
| <input type="checkbox"/> Ears | <input type="checkbox"/> |
| <input type="checkbox"/> Nose | <input type="checkbox"/> |
| <input type="checkbox"/> Throat | <input type="checkbox"/> |
| <input type="checkbox"/> Teeth | <input type="checkbox"/> |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> |
| <input type="checkbox"/> Heart | <input type="checkbox"/> |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> |

Explanation if abnormal

Hernia
 Genitalia
 Extremities
 Posture (spine)
 Skin

Urinalysis
 Emotional Stability

IMMUNIZATION (see history)

	(Check one)		Date given
	OK	Needed	
Smallpox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Polio	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cholera-Dysentery-Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	_____

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.