



January 9, 2020

To: Public Elementary and Secondary School Heads
All Others Concerned

21ST BULACAN COUNCIL SCOUT JAMBOREE



The Boy Scouts of the Philippines (BSP) Bulacan Council will conduct the 21st Bulacan Council Scout Jamboree on March 4-10, 2020 at a venue to be announced later.

Attached herewith is the Council Office Memorandum No. 02, s. 2020 indicating the complete details regarding the said activity.

The concerned school heads are hereby reminded of the following:

1. adjustments in schedules of classes that may be affected shall be made to insure compliance with DepEd Order No. 9, s. 2005 on Instituting Measures to Increase Engaged Time-On-Task and Ensuring Compliance Therewith;
2. parents' permits shall be made a requirement for each student participating in the said activity;
3. no collection policy shall be enforced at all times;
4. participation in the said activity shall give consideration to DepEd Order No. 66, s. 2017 entitled "Implementing Guidelines on the Conduct of Off-Campus Activities"; and
5. preemptive interventions shall be put in place to insure the safety of all participants all throughout the travels.

Very truly yours,


GERMELINA H. PASCUAL, CESO V
Schools Division Superintendent 

DIVISION LETTER
No. 01, s. 2020



ISO 9001:2015 CERTIFIED
Registration Number: DE-50500546 QM15





BOY SCOUTS OF THE PHILIPPINES BULACAN COUNCIL

City of Malolos 3000
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07 January 2020

COUNCIL OFFICE MEMORANDUM

No. 01

s. 2020

TO : All Division Scouting In-charge, District Scout Commissioners (PSDSs), Principal of Public Secondary Schools, Institutional Heads of Private Elementary & Secondary Schools, BSP District Advisers, Field Scout Commissioner (District BSP Coordinators), Outfit Advisors, BSP Coordinators and Municipal Field Scout Commissioners.

SUBJECT : **21st BULACAN COUNCIL SCOUT JAMBOREE**

1. As our Commitment to Excellence of continued development of young people on the best practices that scouting can offer, the Council Executive Board approved to conduct the **21st BULACAN COUNCIL SCOUT JAMBOREE** on **March 4-10, 2020**. The *Municipality of Marilao Scouting Committee* accepted the hosting of the *Provincial Jamboree under the Leadership of Municipal Scouting Committee Chairman Mayor Ricardo M. Silvestre*. The campsite is **TBA**.
2. A Scout Jamboree is an event for young people, where the scout methods and principles and adherence to the Scout Oath and Law are practiced to the highest standard. It is the "mother of all activities" in all Scouts' life – something to look forward to and cherished later.
3. The theme of the Jamboree is "**SCOUTING: COMMITMENT TO EXCELLENCE**"
4. Jamboree Fee of **Five Hundred Pesos Only (Php 500.00)** per participant may be charged to MOOE, Local School/LSB Funds subject to the usual accounting and auditing rules and regulations to defray the program materials, certificates, individual souvenir items, council service team (jamboree program and activities staff) food & module provision and other administrative costs during the events.
5. To determine the exact number of participants for the council management preparation purposes (e.g. site allocation, souvenir items, program/module and other administrative materials) please submit the List of Participants filled up to the **TROOP/OUTFIT ROSTER** together with the reservation fee of **Three Hundred Pesos only (Php 300.00)** not later **February 7th 2020** and the **FULL PAYMENT** for the **REGISTRATION FEE** is not later than **February 21st 2020** at the **COUNCIL OFFICE**. There will be **NO ON-SITE REGISTRATION**.
6. Qualification for participation are as follows:
 - a. **SCOUTS**
 - Must be currently registered Boy/Senior Scouts
 - Must be Tenderfoot Rank for BS & Explorer Rank for SS
 - Physically fit as certified by a registered physician
 - Must have parent's/guardian's permit
 - b. **ADULT**
 - Must be currently registered
 - Must be physically fit as certified by a registered physician
 - At least Graduated of Basic Training Course for UL

c. **COUNCIL SERVICE TEAM**

The Jamboree Management will be in need of **COUNCIL SERVICE TEAM** who will serve as **PROGRAM AND ACTIVITIES STAFF** of the jamboree. **CSTs** play a significant role in the implementation of the Jamboree Program & Activities as well as in the administrative support to the Provincial Jamboree.

Only those who graduated from the **ADVANCED TRAINING COURSES** or has experiences as member of the **International/National/Regional/Local Council Service Team** are **QUALIFIED** to become a member of the **21st BCSJ Council Service Team**.

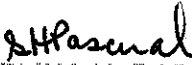
For **TEACHERS**: Interested volunteers/leaders who intend to serve as program and activity staff shall submit a letter of intent to the Council Office duly signed by their respective **PSDSs/Institutional Heads** on or before **February 07, 2020**.

List of the **APPROVED CST** will be posted as soon as possible for the orientation/workshop and post jamboree trainings.

7. All participants should bring their own tents, camping gears and food provision up to the end of the jamboree. Transportation to and from the campsite shall be shouldered by participating scouts and scout leaders.
8. Efforts should be exerted to vigorously promote maximum participation of scouts in the jamboree.
9. This memorandum also serves as travel authority of all participants and jamboree staff.
10. For widest dissemination of information.


MICHAEL A. INDOMA
Council Scout Executive

APPROVED:


MS. GERMELINA H. PASCUAL, CESO V
Schools Division Superintendent and
Council Scout Commissioner, Bulacan Council, BSP

Incl.: Troop/Outfit Roster
Medical Form
General Program

**Boy Scouts of the Philippines
BULACAN COUNCIL
City of Malolos**

**ROOSTER OF PARTICIPANTS
21st BULACAN COUNCIL SCOUT JAMBOREE
Camsite, Marilao, Bulacan. – March 4-10, 2020**

District/Sponsoring Institution : _____
EDDIS/ Sub-Camp : _____

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Description	Complete Name (please write in print)	Age	Gender	Rank

Description	Complete Name (please write in print)	Age	Gender	Rank

Description	Complete Name (please write in print)	Age	Gender	Rank

Description	Complete Name (please write in print)	Age	Gender	Rank

Description	Complete Name (please write in print)	Age	Gender	Description	Complete Name (please write in print)	Age	Gender
CH/IH/DSC							
FSC/ISC							

Prepared by: _____

Noted by: _____

Field Scout Commissioner/ Adult Leader

Contingent Head

Approved by: _____

District Scout Commissioner/Institutional Head

Status of Payment:			
Scouts :	_____ *	_____ =	_____
Adult :	_____ *	_____ =	_____
GT :	_____		_____
Processed by :		_____	Date: _____

21st BULACAN COUNCIL SCOUT JAMBOREE

March 4-10, 2020 – Marilao Bulacan

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"/> Abdominal Pain	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Headache	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Cough	<input type="checkbox"/> Easy Fatigue	<input type="checkbox"/> Frequent Fever
<input type="checkbox"/> Chest Pain	Others: _____			

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
<input type="checkbox"/> Lungs	<input type="checkbox"/> Mumps
<input type="checkbox"/> Malaria	<input type="checkbox"/> Chicken Pox

YEAR

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Explain _____

IMMUNIZATION

Smallpox	Date of last inoculation	Polio (Short or Oral)	Date of last inoculation
Diphtheria	_____	Others	_____
Tetanus Toxoid	_____		_____

If applicant is under 21 years of age:

In the event of illness or injury occurring to my son during his attendance at the Jamboree / Training, I do hereby consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgement 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 EXAMINATIONS

TO THE PHYSICIAN: Your careful examination and written recommendation 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	Explanation if 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"/>	_____
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	Posture (Spine)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	_____
<input type="checkbox"/>	Emotional Stability	<input type="checkbox"/>	_____

IMMUNIZATION (See history)

(Check One)

Date Given

Smallpox	<input type="checkbox"/> OK	<input type="checkbox"/> Needed	_____
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 & Hiking Water Sports Competitive Sports

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

Signed: _____ Signed: _____
Examinee Physician and License No.