



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF EDUCATION  
REGION XI  
DIVISION OF TAGUM CITY



Energy Park, Apokon, Tagum City, Davao del Norte, Philippines

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**Division Memorandum**

No. 144, s. 2019

TO : **All Public Elementary and Secondary School Heads**

FROM : Office of the Schools Division Superintendent


SUBJECT : **BSP Emergency Service Training Course (ESTC) 2019**

DATE : 08 February 2019

Herewith is Memorandum No. 07, s. 2019 from Boy Scout of the Philippines – Tagum City Council regarding the conduct of **Emergency Service Training Course (ESTC)** for Senior and Rover Scouts and Adult Leaders on May 06-11, 2019 at the Energy Park, Apokon, Tagum City.

Registration details, participant qualifications, and other relevant details of the activity are contained in the said Memorandum.

For information and guidance.

  
**NELSON C. LOPEZ, CESO VI**  
Schools Division Superintendent

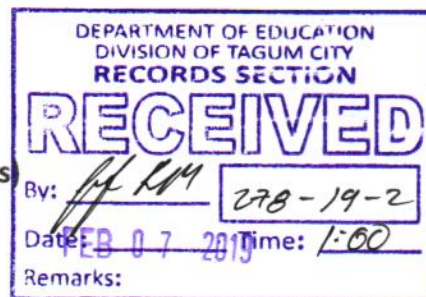
DEPARTMENT OF EDUCATION DIVISION OF TAGUM CITY RECORDS SECTION	
<b>RELEASED</b>	
By: <u>R.</u>	
Date: <u>FEB 08 2019</u>	Time: <u>2:10</u>
Remarks: <u>Memoranda # 146-19-2</u>	

Enc1:/As stated



**MEMORANDUM ORDER NO. 7, S-2019**  
**30 January 2019**

**TO: ALL SCOUTING DISTRICT COORDINATORS**  
**ALL INSTITUTION HEADS (Public/Private Institutions)**  
**INSTITUTION SCOUTING COORDINATORS**  
**UNIT LEADERS (ALL SECTION)**  
**SENIOR SCOUTS AND ROVER SCOUTS**



**SUBJECT: EMERGENCY SERVICE TRAINING COURSE (ESTC) 2019**

1. The Tagum City Council, BSP is glad to announce the conduct of **Emergency Service Training Course (ESTC) for Senior/Rover Scouts and Adult Leaders** which will be on **May 06-11, 2019** at Energy Park, Brgy. Apokon, Tagum City with the theme: **Commitment to Excellence**".
2. The training course is aimed with the purpose of molding, nurturing and equipping scouts who want to undergo such training with the skills to respond of emergency for the interest of public safety.
3. The training course also is required for the Advancement Program for Senior Scouting to comply the requirement for Eagle Scout Rank.
4. **Registration Details.** Stated below are the important information regarding the Registration System and Procedure, viz:
  - a. **Registration Fee.** Registration Fee. A Registration Fee of One Thousand Pesos (Php1,000.00) shall be charged from each of the participants in order to defray, Certificate, Course Shirt, Patch and Customized Neckerchief.
  - b. Registration fees for the ESTC must be paid directly to Tagum City Council office and will be accepted together with the Application form of Participants.
  - c. **Registration Deadlines.** Registration of participants must be paid in full on or before April 30, 2019 to preclude any logistic problems and complications, the Pre-Registration will DETERMINE THE ACTUAL NUMBERS OF PARTICIPANTS.
  - d. **Limited Slots.** First come first serve, only 90 scouts can participate this training.
  - e. **Registration Form and Medical Form.** The forms are attached herewith and must be submitted along with the registration fee.
5. **Qualifications** for participation are as follows:
  - ✓ Must be currently registered with the Boy Scouts of the Philippines and **14 years old or above**;
  - ✓ Must be physically fit and in good health as certified by a registered physical and possesses good moral character;
  - ✓ Should/must Pass the qualifying test;





6. **TRANSPORTATION:** All participants are required to arrange and handle their own transportation requirements from point of origin to the training site drop off point and vice versa.
  - a. **What to bring:** participants must bring along with them the following items:
    - ✓ Type "A" uniform Senior/Rover Scouts and Adult Leaders (Short Pants);
    - ✓ Sportswear, Rubber Shoes, Extra Clothing and Personal gears/beddings;
    - ✓ Eating Utensils and Toiletries;
    - ✓ Personal Medical Kit, Triangular Bandages, Splints, etc.;
    - ✓ Food provision for the whole duration of the training.
  - b. **Reporting date:** Participants are required to report at the training venue on **May 06, 2019 on or before 7:00am** for registration in **Type "C" uniform**.
7. **FOOD:** The participants will cook their own food and must have adequate food supply for the whole duration of the training.
8. Further the Local Council would like to request the corresponding service credits and compensatory overtime credit (COC).
9. For information, guidance, compliance and widest dissemination.

  
**GIOVANNI L. RELLON, 2BH**  
Council Scout Executive

  
**NELSON C. LOPEZ, CESO VI**  
Council Scout Commissioner

  
**ALLAN L. RELLON, LT**  
Council Chairman

**REGISTRATION FORM**

**EMERGENCY SERVICE TRAINING COURSE (ESTC)**

(Please type or print legibly)

School: \_\_\_\_\_

Date: \_\_\_\_\_

District: \_\_\_\_\_

Name: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Religion: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Sponsoring Institution (S.I) : \_\_\_\_\_

S.I Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Scouting Position: \_\_\_\_\_ Scout Unit No. \_\_\_\_\_ Rank: \_\_\_\_\_

Membership Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Training experiences (Title, Venue, Inclusive Dates): \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

I do hereby agree to exert my very best to be worthy as a representative not only of the Boy Scout 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/Jamborette Leaders who have been authorized to exercise all actions necessary to maintain the prestige of my Council in particular and the Boy Scouts of the Philippines in general.

\_\_\_\_\_  
Applicant's signature

**APPROVAL OF PARENTS OR GUARDIANS**  
(for minor applicants-18 y/o below)

We hereby approved 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 representatives 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 have been instituted in connection with the participation of my son. 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, for this purpose and to obtain certification from the school authorities attesting to his academic standing.

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 Boy Scouts of the Philippines. We have personally interviewed the above applicant and found him physically fit and qualified to be a member of the Contingent. He is currently registered and on the basis of his record of satisfactorily Scouting experience and his cooperative attitude towards his fellow Scouts/Scouters, we recommended his acceptance as a member of the delegation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Troop Leader/Outfit Advisor

\_\_\_\_\_  
Institutional Head

\_\_\_\_\_  
Council Scout Executive



**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 re-certification in camp and when required for special events.

**Please fill out completely**

**HEALTH HISTORY**

**Have or subject to (check if yes):**

Fainting Spells	Palpitation	Abdominal Pain	Nervousness	Shortness of Breath
Headache	Convulsions	Frequent Cough	Easy Fatigue	Frequent Fever
Chest Pain	Others _____			
Describe _____				

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

Eye, Ear, Nose, Throat	Hernia	Allergy	Have had: (check if yes)	<b>YEAR</b>
Recurrent Diarrhea	Heart	Lungs	Measles	_____
Hypertension	Kidney	Malaria	Mumps	_____
Diabetes			Chicken Pox	_____
			Whooping cough	_____

Any condition now requiring regular medication? \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_

Explain \_\_\_\_\_

**Immunization**

Smallpox	Date of Last inoculation		Date of last inoculation
Diphtheria	_____	Polio (shots or oral)	_____
Tetanus Toxoid	_____	Others	_____

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, 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 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	Explanation if abnormal
_____ Eyes	_____	
_____ Vision	_____	
_____ Ears	_____	
_____ Nose	_____	
_____ Throat	_____	
_____ Teeth	_____	
_____ Lungs	_____	
_____ Heart	_____	
_____ Blood Pressure	_____	
_____ Abdomen	_____	
_____ Hernia	_____	
_____ Genitalia	_____	
_____ Extremities	_____	
_____ Posture (spine)	_____	
_____ Skin	_____	
_____ Urinalysis	_____	
_____ Emotional Stability	_____	

**IMMUNIZATION (see history)**

(check one)

Date given

	<b>OK</b>	<b>Needed</b>	
Smallpox	_____	_____	_____
Diphtheria	_____	_____	_____
Tetanus Toxoid	_____	_____	_____
Polio	_____	_____	_____
Cholera-Dysentery-Typhoid	_____	_____	_____

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: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Examinee Physician and License No.