



Republic of the Philippines  
**Department of Education**  
DIVISION OF MISAMIS ORIENTAL

**DIVISION MEMORANDUM**

No. 630, s, 2018

**To :** Public Schools District Supervisors  
Public Elementary and Secondary School Heads  
BSP Coordinators

*RBT*  
**From:** RANDOLPH B. TORTOLA  
Schools Division Superintendent

**Subject:** CORRIGENDUM TO THE DIVISION MEMORANDUM NO. 574, S. 2018 RE:  
1st A HAPPY MISOR SURVIVAL HIKE AND CAMPING  
EXPEDITION FOR PATHFINDER, OUTDOORSMAN AND  
VENTURER SOUTS

**Date:** OCTOBER 19, 2018

1. The field is hereby informed that the 1st A Happy MisOr Survival Hike and Camping Expedition for Pathfinder, Outdoorsman and Venturer Scouts on October 23-25, 2018 shall be moved to **Mat-I Elementary School, Naawan, Misamis Oriental.**
2. Immediate dissemination of this Memorandum is desired.

738

/BSP\_ckr



Republic of the Philippines  
**Department of Education**

**DIVISION OF MISAMIS ORIENTAL**

**DIVISION MEMORANDUM**

No. 574, s. 2018

**To :** **Public Schools District Supervisors**  
**Public Elementary and Secondary School Heads**  
**DepEd MisOr Newly Hired Teachers and Staff**

  
**From:** **RANDOLPH B. TORTOLA**  
Schools Division Superintendent

**Subject:** **1<sup>st</sup> A HAPPY MISOR SURVIVAL HIKE AND CAMPING**  
**EXPEDITION FOR PATHFINDER, OUTDOORSMAN AND**  
**VENTURER SCOUTS**

**Date:** **October 2, 2018**

1. The Boy Scouts of the Philippines (BSP) - Misamis Oriental Council shall conduct the 1<sup>st</sup> A Happy MisOr Survival Hike and Camping Expedition for Pathfinder, Outdoorsman and Venturer Scouts at Naawan National High School, Naawan, Misamis Oriental on **October 23-25, 2018**.
2. The survival hike and camping expedition aims to comply with the requirements necessary for advancing the scouts to the next higher rank and to the Eagle Scout rank, enhance their knowledge and skills in camp craft, inculcate values specifically care for environment and engage fellow Scouts in doing significant services to the community.
3. In consideration of the DepEd Policy on "No Disruption of Classes", the said activity will commence on a semestral break.
4. Adult and Scout Participants must be currently registered with the Boy Scouts of the Philippines, physically fit as certified by a physician, must have camping gears, and with parent's consent.
5. **Registration fee of Php 200.00** will be charged to each participant to cover cost of their merit badge patches, certificates, and operational cost.
6. Further, participants must bring their own food provisions, sleeping bags, extra clothes and personal toilet kit enough for the whole duration of the training.

/BSP\_ckr

7. For more information please call BSP-MisOr Council at telephone no. (088) 856-5185 or the following BSP personnel:

|                             |   |             |
|-----------------------------|---|-------------|
| FSE Lina Marie D. Dalangpan | - | 09059642363 |
| FOO John Rey D. Cagas       | - | 09161370957 |

8. Wide dissemination of this Memorandum is desired.

/BSP\_ckr



Boy Scouts of the Philippines  
 Eastern Mindanao Region  
**MISAMIS ORIENTAL COUNCIL**  
 Cagayan de Oro City

**APPLICATION FORM FOR PARTICIPANTS**

**PERSONAL DETAILS**

Name: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 School: \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 Special Skills: \_\_\_\_\_

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

**PARENTS PERMIT:**

I HEREBY GIVE MY CONCENT FOR MY SON/DAUGHTER \_\_\_\_\_ to join the 1<sup>st</sup> A Happy MisOr Survival Hike and Camping Expedition for Pathfinder, Outdoorsman and Venturer Scouts on October 23-25, 2018 at Naawan, Misamis Oriental conducted by the BSP-Misamis Oriental Council.

Furthermore, I am not holding the school, District, Council or any of its staff of any liability for any untoward incidents that could happen in the whole duration of the activity that are beyond its control or are considered fortuitous in nature.

\_\_\_\_\_  
 Parent's/Guardian Signature over printed name \_\_\_\_\_  
 Date

**HEALTH DETAILS**

Name: \_\_\_\_\_

Special Health Problem (Do you have illness of the following)

|  |                                    |                                    |                                       |
|--|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Diabetic  | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Hemophilia    | <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epileptic | <input type="checkbox"/> Autism       |

Any Other Allergies \_\_\_\_\_  
 Any Physical Disability \_\_\_\_\_  
 Recommendation and/or restrictions \_\_\_\_\_

Physician (Signature over printed name) \_\_\_\_\_  
 License No. \_\_\_\_\_