Republic of the Philippines
Department of Education
Region X
SCHOOLS DIVISION OF CAGAYAN DE ORO CITY
Office of the Schools Division Superintendent

DEP ED-DIVISION OF CAGAYAN DE ORO
CAGAYAN DE ORO CITY
RELEASED
DATE: AUG 20 2025

18 Aug 2025

DIVISION MEMORANDUM
No. 701 s. 2025

To:	JOHN PAUL PASIGAY	- School Head, Batinay ES
	CORNELIO C. POL	- Teacher, Carmen SHS
	ROGER L. POTANE	- DBSP Scout Coordinator/Training Team/Discussant
	GRACE R. GEPIGA	- Teacher, East City Central School
	JUICY F. YARE	- Teacher, Bugo Central School
	SHALLIMAR P. AMORA	- Teacher, West City Central School

ATTENDANCE TO THE EMERGENCY SERVICE INSTRUCTORS TRAINING COURSE (ESITC)

With reference to the attached communication from RYDO Arnel C. Delute, the Regional Scout Director of the Boy Scouts of the Philippines – Eastern Mindanao and Northeastern Mindanao Region Cluster ***(Cluster Regional Memorandum No. 01,s. 2025)*** and through the recommendation of Atty. Roy Hilario P. Raagas, BSP Council Chairman, Cagayan de Oro City, you are hereby directed to attend the **EMERGENCY SERVICE INSTRUCTORS TRAINING COURSE (ESITC)** on *August 21-25, 2025* to be held at BFP Region X Training Center, Impasug-ong, Bukidnon.

1. The participants from DepEd are allowed to attend on OFFICIAL BUSINESS. Travel expenses to be incurred by participating officials and teachers involved in Scouting will be charged to local funds, subject to its availability, and the usual accounting and auditing rules and regulations.

2. This Office directs compliance to this memorandum.

ROY ANGELO E. GAZO
Schools Division Superintendent

Encl: As stated
Reference: None
To be indicated in the Perpetual Index
under the following subjects:

Boy Scouts of the Philippines BSP Division Scout Coordinator

SGOD/RLPotane – DM: EMERGENCY SERVICE INSTRUCTORS TRAINING COURSE (ESITC)
August 18, 2025

BOY SCOUTS OF THE PHILIPPINES
City of Cagayan de Oro Council
Cagayan de Oro City
Tel. No. 857-1466

August 18, 2025

ROY ANGELO E. GAZO, PhD. CESO V, ALT
Schools Division Superintendent
Council Scout Commissioner
Division of Cagayan de Oro City
Upper Balulang, Cagayan de Oro City

THRU:
ROGER L. POTANE, LT
Division BSP Coordinator
Council Commissioner for Program
Division of Cagayan de Oro City
Upper Balulang, Cagayan de Oro City

Sir:

Scouting Solidarity Greetings!

The Boy Scouts of the Philippines Northeastern and Eastern Mindanao Regions will be conducting an **EMERGENCY SERVICE INSTRUCTORS TRAINING COURSE (ESITC)** on August 21-25, 2025 @ BFP Region X Training Center, Impasugong, Bukidnon.

The training will prepare the participants to further enhance Local Councils capability in training more adult leaders responsible in providing Scouts, particularly the Senior and Rover Scouts, the necessary skills needed to cope with and/ or respond to an emergency situation and able to serve as the Emergency Service Corps of their community and the like in the course and call of their duty.

In line with this, the undersigned would like to request your favourable consideration and approval to allow the Scout Leaders to participate in the said training. Training Team and participants are entitled to a service credit of the said training.

Attached copy of Cluster Memorandum No. 1, s.2025 and the list of Training Team and participants to the ESITC activity to wit;

Name of Participants	School	Designation	Tasks and Responsibilities
1. Roger L. Potane	Puerto NHS	Asst. Principal/ DBSC	Training Team/ Discussant
2. John Paul Pasigay	Batinay ES	School Head	Participant
3. Cornelio C. Pol	Carmen SHS		Participant
4. Grace R. Gepiga	ECCS	BSP Coordinator	Participant
5. Juicy F. Yare	Bugo CS	BSP Coordinator	Participant
6. Shallimar P. Amora	West CCS	BSP Coordinator	Participant

Your support will significantly contribute to our continuous effort to promote safety and preparedness within our school environment and the community as a whole.

Thank you so much for your support and dedication to the Scouting movement.

Sincerely,

JERRY R. DESCALLAR, LPT
Council Scout Executive

Noted by:

BOY SCOUTS OF THE PHILIPPINES
EASTERN & NORTHEASTERN MINDANAO REGION CLUSTER

CLUSTER REGIONAL MEMORANDUM
No. 01, s. 2025

Date : **July 31, 2025**

TO : **ALL COUNCIL SCOUT EXECUTIVES AND OFFICERS-IN-CHARGE**

SUBJECT : **EMERGENCY SERVICE INSTRUCTOR'S TRAINING COURSE (ESITC)**

1. The Boy Scouts of the Philippines Northeastern and Eastern Mindanao Regions will be conducting an **EMERGENCY SERVICE INSTRUCTOR'S TRAINING COURSE (ESITC)** on August 21-25, 2025 at BFP Region X Training Center, Impasugong, Bukidnon. The said training will be hosted by BSP Bukidnon Council.

2. The training will prepare the participants to further enhance Local Councils' capability in training more adult leaders responsible in providing Scouts, particularly the Senior and Rover Scouts, the necessary skills needed to cope with and/or respond to an emergency situation and be able to serve as the Emergency Service Corps of their community and the like in the course and call of their duty.

3. **Qualifications for Admission**:
   a) At least two-bead holder (WBH) and currently registered with the BSP.
   b) Has the ability to re-echo training sessions, physically and mentally capable to undergo strenuous activities.
   c) Can perform the following:
      - 1 Km Run in 6 minutes
      - 3M Rope Climb (hand over hand)
      - 15 Push-ups
      - 10 Pull-ups
      - Swimming (50 meters)

4. **Registration Fee Details:** Stated below are some important information regarding the fee and procedures.

Initial Payment *(Non-Refundable but Transferable)*	**Final Payment**	**Total Fee**
Php 1,500	**Php 2,000**	**Php 3,500**
Email the following to **bspbukidnoncouncil@gmail.com** - **Deposit Slip (initial payment)** - **Application Form** (scanned copy) - **Medical Forms** (scanned copy	Submit it to the secretariat - **Deposit Slips** (full payment) - **Application Form** (hard copy) - **Medical Forms** (hardcopy	
Deadline: not later than **August 15, 2025**	During the scheduled arrival at the training site.	

Registration includes meals (from dinner before the start until lunch on the closing date), accommodation, training materials/supplies, handouts, and other administrative expenses.

- ***If a participant endorsed by the Council fails to attend, the registration deposited will not be refunded by the host.***

Deposit your registration fee at the host council with the following bank details.

Bank Name:	**Land Bank of the Philippines**
Account Name:	**Boy Scouts of the Philippines - Bukidnon Council**
Account Number:	**0962109381**
Branch:	**Malaybalay City Branch**

5. **Registration Reporting Date:** All participants must be at the course venue for orientation and organization **not later than 4:00 p.m. of the day before the course starts.**

6. **Items Needed:** Participants must bring the following:
   - ✓ Current BSP Membership Card
   - ✓ 1 piece 1x1 ID picture (Wearing Type A Uniform)
   - ✓ Two sets Type-A uniform (short with socks, garter tabs & 1 long pants)
   - ✓ Tent, sleeping gear, personal eating & cooking gear
   - ✓ Personal gear (maong pants, handkerchief, underwear, sportswear, casual attire, swimming trunks/suit, t-shirts, jacket, extra clothing, etc.)
   - ✓ Rubber shoes, slippers/sandals
   - ✓ Raincoat/gear/plastic sheets
   - ✓ First aid kit/medicines, flashlight, sewing kit, toiletries
   - ✓ Utility knife, compass, whistle
   - ✓ 3-meter 3/8" or 10 mm rescue rope
   - ✓ Reference materials/books

7. **For information, guidance and wide dissemination.**

ARNEL C. DELUTE
RVDOV (Regional Scout Director)
Cluster Head

Encl: Application to Attend
Medical Examination Form

BOY SCOUTS OF THE PHILIPPINES
EASTERN & NORTHEASTERN MINDANAO REGION CLUSTER

APPLICATION TO ATTEND
EMERGENCY SERVICE INSTRUCTORS TRAINING COURSE

Name: _____ Nickname: _____
(Surname) (Given Name) (M.I.)

Mailing Address: _____
CP No. _____ Email _____ Tel. No. _____
Date of Birth: _____ Age: _____ Place of Birth: _____
Civil Status: _____ Religion: _____ Occupation: _____

Scouting Position: _____ Unit & No. _____

Registration Status: Expiry Date _____ Cert. No. _____

Training Certificate received to qualify you to attend this course:
Wood Badge Cert. No. _____ Section _____ Date issued _____
ALT Cert. No. _____ Date _____ LT Cert. No. _____ Date _____

_____
Date filed

_____
Signature of Applicant

LOCAL COUNCIL OFFICE ACTION

After verification of the above information, we hereby recommend the acceptance of the above-named Scout Leader to attend the aforementioned course.

_____
Council Training Commissioner
Date _____

_____
Scout Executive/OIC
Date _____

REGIONAL OFFICE ACTION

Processed by: _____ Approved by: _____
Regional Scout Director

Date: _____ 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 ☐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):		Have had: (check if yes)		YEAR
☐Eye, Ear, Nose, Throat	☐Hernia	☐ Allergy	☐ Measles	_____
☐Recurrent Diarrhea	☐Heart	☐Lungs	☐Mumps	_____
☐Hypertension	☐Kidney	☐Malaria	☐Chicken Pox	_____
☐Diabetes	☐Whooping Cough			_____

Any condition now requiring regular medication? _____
Any restriction of activity for medical reasons? _____
Explain_____

IMMUNIZATION	Date of last inoculation		Date of last inoculation
Smallpox	_____	Polio (Short or Oral)	_____
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
☐	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) OK	Needed	Date Given
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 & Hiking ☐ Water Sports ☐ Competitive Sports

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

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