



Boy Scouts of the Philippines

National Office

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NATIONAL OFFICE MEMORANDUM

No. 55 , Series of 2017

TO : Regional Scout Directors
Council Scout Executives
Officers-in-Charge

SUBJECT : Clarification on the Required Permit to Travel for the
6th ASEAN Scout Jamboree

1. In compliance with Davao City Ordinance No. 0292-06/03005-00 known as Comprehensive Children and Family Support, all Local Councils are hereby advised to facilitate the preparation of the following documents for the unified processing of the Permit to Travel for all participants travelling via plane from Davao City to any points in the country, viz:
 - 1.1. Certification from the Local Council indicating the list of participants and accompanying persons who will be attending the 6th ASEAN Scout Jamboree;
 - 1.2. Parent's Consent per participant;
 - 1.3. Photocopy of identification cards of the following:
 - 1.3.1. Participating Scout indicating the date of birth
 - 1.3.2. Parent/Guardian
 - 1.3.3. Accompanying Persons
2. The above-stated requirements shall be prepared for Boy Scouts and Senior Scouts only who are 15 years old and below. Scouts aged 16 and above no longer need to secure Permit to Travel from the City Social Services Development Office (CSSDO) of the City Government of Davao.
3. To expedite the processing of securing Permit to Travel for all affected participants, all required documents under Item 1 of this Memorandum should be submitted to the Jamboree Secretariat not later than 28 November 2017, Tuesday. The Jamboree Management Team shall send a representation to the City Government of Davao to transact and facilitate the issuance of Permits to Travel.
4. Insofar as the parent's consent is concerned, all Local Councils are advised to utilize the application form duly submitted by each participant with the signed parental consent.
5. Template forms for Item 1.1 and 1.2 are herein attached for reference.

6. For information and strict compliance.



ROGELIO S. VILLA JR.
Secretary General

Encl. Template Certification, Permit to Travel
Template Parental Consent

6ASJ-NPMT.PBP/SDH/krxf

Republic of the Philippines
BOY SCOUTS OF THE PHILIPPINES
_____ Council

C E R T I F I C A T I O N

TO WHOM IT MAY CONCERN:

This is to certify that the following Scouts, who names and sponsoring institutions are stated below, have been duly registered to participate in the 6th ASEAN Scout Jamboree at the Energy Park, Apokon, Tagum City, Davao del Norte on 27 November to 2 December 2017, viz:

SCOUTS WHO ARE 15 YEARS OLD AND BELOW		
#	FULL NAME	SPONSORING INSTITUTION

Furthermore, the following Scout Leaders have been duly authorized by the parents of each of the participating Scouts, including their respective sponsoring institutions/schools to serve as the official accompanying persons, to wit:

SCOUT LEADERS (ADULTS)		
#	FULL NAME	SPONSORING INSTITUTION

This certification is being issued as a matter of compliance to the requirements of the City Social Services Development Office of the City Government of Davao for the issuance of the Permit to Travel for minors aged 15 years old and below and for whatever purposes it may serve them best.

Issued this _____ day of _____, 2017 at _____.

Council Scout Executive

Republic of the Philippines
BOY SCOUTS OF THE PHILIPPINES
_____ Council

PARENT'S / GUARDIAN'S CONSENT

I, _____, parent/guardian of Scout _____, hereby allow my child to participate in the **6TH ASEAN SCOUT JAMBOREE** on 27 November to 2 December 2017 at the Energy Park, Apokon, Tagum City, Davao del Norte.

I understand that the participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and regulations and standards of conduct. I release the Boy Scouts of the Philippines, the Local Council, the activity coordinators, and all professional staff, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Signature over Printed Name of Parent/Guardian
Date _____