

**CIRCLE TEN COUNCIL – SCOUT CAMP
PARENT/GUARDIAN ACKNOWLEDGEMENT OF EMERGENCY ACTION PLAN
(EAP)**

Scout Information

Scout Name: _____

Unit (Pack/Troop/Crew/Ship): _____

Camp Information

Camp Name: _____

Camp Dates: _____

Emergency Action Plan (EAP) and Floodplain Acknowledgement

I, the undersigned parent/legal guardian of the above named Scout, acknowledge that:

1. Floodplain

Circle Ten camps may contain areas of camp within a floodplain. No areas are within a floodway. For specifics see the EAP.

2. EAP Review & Availability

I have been informed that the Circle Ten Council maintains a comprehensive Emergency Action Plan (EAP) for all camp properties. This plan addresses procedures for emergencies including, but not limited to:

- Severe weather (including thunderstorms, tornadoes, and extreme heat)
- Medical emergencies and injuries
- Lost or missing persons
- Fire and evacuation
- Security-related incidents

3. SB1 Transparency Compliance

In accordance with Texas Senate Bill 1 (SB1) and applicable state guidance, I understand that emergency preparedness procedures are communicated to participants and leaders, and are available for parent/guardian review upon request.

4. Staff Training & Response

I acknowledge that camp staff and leadership are trained to respond to emergency situations and will implement the EAP as appropriate to protect the health and safety of all participants.

5. Emergency Communication

I understand that in the event of a significant emergency involving my child, I will be notified as soon as reasonably possible using the contact information provided.

6. Participant Responsibility

I understand that my child is expected to follow all emergency instructions provided by camp staff and leadership, including drills, evacuations, or shelter procedures.

7. Inherent Risk Acknowledgement

I understand that while the EAP is designed to reduce risk and improve response, participation in outdoor and Scouting activities involves inherent risks that cannot be entirely eliminated.

Emergency Contact Information

Primary Contact Name: _____

Phone Number: _____

Alternate Contact Name: _____

Phone Number: _____

Acknowledgement & Signature

I have read and understand the Emergency Action Plan (EAP) acknowledgement information. I acknowledge that I have had the opportunity to ask questions and request additional details regarding emergency procedures.

Parent/Guardian Name (Printed): _____

Signature: _____

Date: _____