

HUDSON BOARD OF HEALTH

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Name of Camp:
Site Address:
Site Telephone:
Site Email:
Name of Camp Owner:
Office Address:
Telephone Number:
Site Email:
Name of Camp Operator (if different):
Address:
Telephone Number:
Name of Health Care Consultant:
Address:
Telephone Number:
Type of Camp: Day Residential
Hours of Operation:
Dates of Operation: Opening Closing
Swimming Pool: Yes Pool Permit Number No
Bathing Beach: Yes No
Meals Provided: Yes Food Permit Number No
Signature of Applicant:

Official Title:	Date:

THIS DOCUMENT IS MEANT TO BE USED AS A GUIDE AND SHOULD NOT BE USED AS A SUBSTITUTE FOR INSPECTION. ALL CAMPS SHALL HAVE A COPY OF 105 CMR 430 $\ast\ast$

Check List for Recreation Camps for Children Application (105 CMR 430)

Name of Camp:		
	Application & Fee Received in Health Department Office	
	Occupancy Permit (if Applicable) (.451)	
	Water Quality Report (if Applicable) (.303)	
	Policies & Procedures on Background Review Of Staff & Volunteers (.090)	
	Orientation Plan For Staff & volunteers (Roles & Responsibilities) (.091)	
	Policy on Reporting Of Suspected Child Abuse (.093)	
	Discipline Policy ("Time-Out") or Similar, Must List Prohibitions) (.191)	
	Fire Evacuation Plan (Drill W/In First 24 Hours) (.210) (A)	
	Disaster Plan (Transportation Resources, Emergency Shelter, Etc.) (.210) (B)	
	Lost Camper Plan (Explain Procedure, Include Calling 911) (.210) (C)	
	Lost Swimmer Plan (Lifeguard Procedure for Shallow/Deep Areas) (.210) (C)	
	Traffic Control Plan (Methods for Reducing Hazardous, Drop Off/Up) (.210) (D)	
	Contingency Plans (No-Show Camper, "Last Minute" Camper) (.211)	
	Camper Release Policy (Written Designee to Pick Up) (0190) (B)	
	Promotional Literature (0190)	
	CORI/SORI Reviewed For All Staff & Volunteers	
	Medical Forms & Immunizations for Campers/Staff	
	First Aid Kit	
	Health Policies/Consultant/Supervisor	

	Site Inspection			
	Full Compliance with All Parts of 105 CMR 430 as applicable			
	Water Source (Well Test Results)			
	Sewerage Disposal (Title V Inspection/Town Sewer)			
	Health Care Consultant Agreement			
Cam	p Director			
Nam	e:			
Age:				
Cour	sework in Camping Administration:			
Previ	Previous camp administration experience:			
Heal	th Care Consultant			
Nam	e:			
• 1	of Medical License (must be a physician, nurse practitioner, or physician assistant with atric training):			
MA	License Number:			
Heal	th Supervisor			
Nam	e:			
Age:				
	of medical License, Registration or Training (See 105 CMR 430.159 (C):			
Aqua	atics Director			
Nam	e:			
Age:				
Life	guard Certificate Issued by:			

Expiration date:						
American Red Cross CPR Certificate: Expiration date: American First Aid Certificate: Expiration date:						
					Previous aquatics supervisory experience	:
					Firearms Instructor	
Name:						
National Rifle Association Instructor's ca	ard (or equivalent):					
Date Certified:	Expiration Date:					
Horseback Riding Instructor						
Name:						
License Number:	Expiration Date:					
Stable						
Location:						
Licensed in accordance with MGL Ch. 11						

Attach the names, ages, applicable current certifications (if any), such as First Aid, and the anticipated role at the camp of all supervisory staff (see below). Use as many pages as necessary to complete this.

<u>Supervisory staff</u> means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This may include counselors, junior counselors, general activity leaders or other staff who provide supervision to campers without assistance.

Note: Applications are subject to a 45 day review.

** To obtain a copy of 105 CMR 430, you may go to www.mass.gov/dph and type camp regulations into the search engine. You will then need to click on the first choice which is recreational camps and choose camp regulations which are a PDF file.