



## 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 \*\*

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

**Camp Director**

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

Age: \_\_\_\_\_

Coursework in Camping Administration: \_\_\_\_\_

Previous camp administration experience: \_\_\_\_\_

### **Health Care Consultant**

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

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training): \_\_\_\_\_

MA License Number: \_\_\_\_\_

### **Health Supervisor**

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

Age: \_\_\_\_\_

Type of medical License, Registration or Training (See 105 CMR 430.159 (C): \_\_\_\_\_

### **Aquatics Director**

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

Age: \_\_\_\_\_

Lifeguard 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 card (or equivalent): \_\_\_\_\_

Date Certified: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### **Horseback Riding Instructor**

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

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### **Stable**

Location: \_\_\_\_\_

Licensed in accordance with MGL Ch. 111 § 155, 158:      Yes \_\_\_\_\_      No \_\_\_\_\_

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.

Supervisory staff 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](http://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.