



TOWN OF NORTHBRIDGE
BOARD OF HEALTH

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Whitinsville, MA 01588
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**APPLICATION FOR LICENSE TO OPERATE A RECREATIONAL CAMP FOR
CHILDREN & CAMP APPLICATION CHECKLIST**

Name of Camp: _____

Camp Site Address: _____

Camp Phone #: _____ Camp Fax #: _____

Name of Camp Owner: _____

Address: _____

Phone #: _____

Name of Camp Director: _____

Age: _____ (*must be at least 21 yrs. old – 25 yrs. for Residential Camps*)

Coursework in camping administration: _____

Previous camp administration experience: _____

Name of Health Care Consultant: _____

Address: _____

Phone #: _____

Type of Medical License (*must be a physician, nurse practitioner, or physician assistant with pediatric training*): _____ MA License Number: _____

Health Care Consultant shall be responsible for oversight of Health Supervisor, review and approval of camp health care policy, be available for consultation at all times, develop and sign written orders, oversee administration of medications.

Name of Health Care Supervisor: _____

(*Must be on site at all times*) Age: _____ (*must be at least 18 yrs. old*)

Type of Medical License, Registration or Training: MA License Number: _____ or

First Aid & CPR trained (*Must attach certifications*) Yes _____ No _____

Health Supervisor must be on site at all times. If more than one Health Supervisor designated by Health Care Consultant, please note that on application. The Health Care Consultant and Health Supervisor are the only individuals allowed to administer medications.

Calculation of Camp License Fee

First Week = \$100

Number of Weeks after Week One (\$30 each) _____ x \$30 = _____

TOTAL FEE: \$ _____

Check made payable to the Town of Northbridge

CAMP INFORMATION

Type of Camp: DAY _____ RESIDENTIAL _____ SPORTS _____

Camp Hours of Operation: _____

Date(s) of Operation: Opening: _____ Closing: _____
If more than one session, please note opening & closing dates of each session.

Meals or Snacks provided: _____

Water Supply: MUNICIPAL or PRIVATE*

**For Private water supplies – camp must submit water quality test for coliform bacteria, nitrate, nitrite, sodium, and lead.*

Sewage Disposal: MUNICIPAL/ON-SITE SEWAGE or
PORTABLE TOILETS: # _____
Please note how many toilets will be provided

Total Number of Campers: _____

Number of Campers OVER the age of 6: _____ Number of Campers 6 & under: _____

Number of Counselors: Employed: _____ Volunteers: _____

Counselor ratio requirement: 1 supervisory staff person for every 10 campers over the age of 6; one supervisory staff person for every 5 campers age 6 or under.

If camp operates for more than one session – please break down total number of campers and counselors expected to participate in each session.

Are any campers transported to any other site for camp related activities? YES or NO
If YES, where: _____

Supervision of Specialized Activities:

AQUATICS DIRECTOR (Includes swimming, boating, canoeing, watercraft, and water skiing)
Swimming Supervision requires one counselor for every 10 campers in the water; for every 25 campers in the water, there shall be at least one counselor that holds these certifications.

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

A ratio of 1 counselor for every 10 campers is required.

Name: _____
National Rifle Association Instructor's card (or equivalent): _____
Date certified: _____ Expiration date: _____

Horseback Riding Instructor

All riding instructors shall be licensed in accordance with MGL Ch 128 s2A.

Name: _____
License Number: _____ Expiration date: _____

Stable

Location: _____
Licensed in accordance with MGL Ch.111 § 155, 158: Yes _____ No _____

Please explain in detail any other **specialized or high risk activities** (archery, scuba diving, etc.) that may occur at camp: _____

Please note: If you are applying for an original camp license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures and facilities
 - Proposed source of water supply
- Works for disposal or sewage and waste water

CAMP APPLICATION, FEE, HEALTH CARE CONSULTANT AGREEMENT, CAMP BROCHURE, AND CAMP BINDER WITH POLICIES & PROCEDURES MUST BE SUBMITTED TO THIS OFFICE 30-DAYS PRIOR TO YOUR OPENING DATE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH THIS OFFICE.

Signature of Applicant: _____

Official Title: _____

Applicant Phone Number: _____ Date: _____

For Board of Health Use Only:

Date of Pre-Operational Camp Inspection: _____ Fee: \$ _____

Review of Camp Application & Binder by: _____

Permit Number Issued: _____

Date of Issue: _____

CAMP APPLICATION CHECKLIST

Submit to Health Department

- 1. Camp Application & Fee _____
- 2. Food Permit/Beach Application(s) (if applicable) _____
- 3. Health Care Consultant Agreement _____
- 4. Camp Brochure _____
- 5. Camp Binder _____

Affix in Camp Binder – Provide to Health Department for Review of Policies

Camp Binder to be returned to camp operator at conclusion of review.

- 6. Health (Medical) Care Policy _____
- 7. Physicians Written Plan for First Aid _____
- 8. Procedures for Isolating Ill Children _____
- 9. Contingency Plan _____
 - Children who are registered and on the camp roll but fail to arrive for a given day’s activities _____
 - Children who fail to arrive at the point of pickup following a given day’s activities _____
 - Children who appear at camp without having registered and without prior notification _____
- 10. Emergency Plan _____
 - a. Fire evacuation plan _____
 - b. Disaster & Emergency Care plan _____
 - c. Lost camper and swimmer plan _____
 - d. Traffic control plan _____
- 11. Discipline Plan _____
- 12. Procedures for Background Review of Staff and Volunteers _____
- 13. Orientation Plan for Staff and Volunteers _____
- 14. Reporting Suspected Child Abuse and Neglect Plan _____
- 15. Copy of State Regulations for Camps: 105 CMR 430.000 _____

- Additional Camp information including the State Regulations can be found at <http://www.state.ma.us/dph/dcs/>

To be Made Available / Identified at Time of Inspection

- Health Records for current staff: Health History, Physical Examination, and Certificate of Immunization _____
- Health Records for current campers: Health History and Certificate of Immunization _____
- Criminal Offender Record Information for current staff (includes volunteers) _____
- Sexual Offender Registry Information for current staff (includes volunteers) _____
- Certificate of Occupancy _____
- Permit from Fire Department _____
- Injury Log Book _____
- Working telephone(s) with current roster posted with appropriate phone #'s _____
- Locked Medication Storage Area _____
- First Aid Area, Supplies, and Kits _____
- Current First Aid and CPR certifications for required staff _____