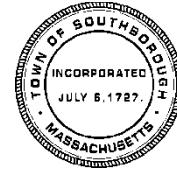


Southborough Health Department
9 Cordaville Road
Southborough, MA 01772
(508) 481-3013



RECREATIONAL CAMP PERMIT APPLICATION

Camp Name: _____

Location where camp operates: _____

City: _____ State: _____ Zip Code: _____

On site phone(s): _____

24/7 Emergency on-site contact: _____ Cell _____

Website/Social Media addresses: _____

A check payable to "Town of Southborough" must accompany this application.

Please list camp sessions in the order of which they occur. (Attach additional sheet if needed.)

Camp Name	Opening Date	Closing Date	Hours of Operation	Day or Overnight	# of campers per session	# of staff per session
1.						
2.						
3.						
4.						
5.						
Total						

CAMP OWNER/ORGANIZATION INFORMATION

Name of Camp Owner/Organization: _____

Primary mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (year-round): _____ Fax: _____

24/7 Emergency Contact Name: _____

24/7 Emergency Contact Number: _____

Email address: _____

CAMP OWNER/ORGANIZATION INFORMATION

Name of Camp Owner/Organization: _____

Primary mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (year-round): _____ Fax: _____

24/7 Emergency Contact Name: _____

24/7 Emergency Contact Number: _____

Email address: _____

CAMP DIRECTOR/OPERATOR INFORMATION (IF DIFFERENT THAN OWNER)

Director/Operator Name: _____

Primary mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (year-round): _____ Fax: _____

Email address: _____

Camp Director Name: _____ must be 21 yrs.+

Residential, Trip, Travel must be 25 yrs.+ 24/7 Emergency Contact Number:

Coursework in camping administration: _____

Previous camp administration experience: _____

CAMP OPERATING INFORMATION

If the camp previously operated in Massachusetts provide year(s) the camp operated and the name(s) operated under:

From: _____ to: _____ Name(s): _____

Has the camp's license ever been suspended or revoked: (check):

Suspended Revoked Neither

Swimming Pool: Yes: _____

Pool location: _____

Bathing Beach: Yes: _____

Beach location: _____

Meals Purchased: Yes: _____

Bring own lunch Yes: _____

Snack Provided Yes: _____

Meals Provided: Yes: _____

Bring Own Snack: Yes: _____

Describe camper food source: _____

Describe food storage (i.e. fridge, etc.):

Health Care Consultant Information

Name: _____

MA License Number: _____

Phone (to reach during camp operation): _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(A)): _____

Health Care Supervisor Information #1

Name: _____ must be 18 yrs.+

MA License Number: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C)):

Health Care Supervisor Information #2

Name: _____ must be 18 yrs.+

MA License Number: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C)):

Aquatics Director Information

Name: _____ must be 21 yrs.+

Lifeguard Certificate issued by: _____ Expiration date: _____

American Red Cross CPR Certificate: _____ Expiration date: _____

American First Aid Certificate: _____ Expiration date: _____

Previous aquatics supervisory experience: _____

Horseback Riding Instructor Information

Name: _____

License Number: _____ Expiration date: _____

Stable Location: _____

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

Certification and Signature

I, _____, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the camp operation will comply with all applicable law and local regulations. I read and understand the current camp regulations and that I will ensure that a copy of these regulations will be on site at all times.

Print Name : _____

Signature of Applicant: _____

Official Title: _____ Date: _____

Contact number: _____ Cell #: _____

REQUIRED DOCUMENTS CHECKLIST AND INDEX PAGE

NAME OF CAMP: _____ CONTACT#: _____

Please provide CORRESPONDING PAGE NUMBERS for each of the following below. An index page **MUST accompany **ALL** three ring camp binders.**

Code Reference	Description of Document	Page Number
.090(A)	Procedures for background review of staff and volunteers (Available/Followed)	
.091	Staff and volunteer orientation plan and review	
.093	Abuse and neglect prevention/reporting procedures	
.191(B)(C)	Discipline Policy with: appropriate discipline methods and prohibitions	
.210(A)	Fire evacuation plan and drills -Drills conducted within the first 24 hours of each session	
.215	Written compliance from local fire dept	
.210(B)	Disaster Plan/Emergency Plans - Including information on transportation	
.210(C)	Lost Camper Plan	
.210(C)	Lost Swimmer Plan	
.210(D)	Traffic Control Plan with site map showing key locations	
.211 (A)	Camper doesn't show up for camp	
(B)	Camper doesn't show up at point of pick up	
(C)	Child not registered arrives	
.190(B)	Camper released only to parents or parent-designated individual in writing Other plan - approved in writing by BOH	
.190(C)	Copy of promotional material showing statement re: regulatory compliance and licensing	
.190(D)	Inform parents of right to review background check, health care, discipline policies and grievance procedures upon request	
.190(E)	Protocol for unrecognized persons at camp	
.159 (B)	Health Care Policy <ul style="list-style-type: none"> • Approved by BOH and HCC • Policy provided to all full time staff during orientation • Policy provided to parents prior to camp opening 	
.159(A)	Health Care Consultant Agreement (USE FORM PROVIDED BY THE SOUTHBOROUGH HEALTH DEPT)	
.160	Guidelines for Storage and Administration of Medications <ul style="list-style-type: none"> • Medication Administration Competency Skill Checklist • DPH Standards for Training Health Care Supervisor in Medication Administration Checklist 	
.163	Sun Protection Policy <ul style="list-style-type: none"> • Parent/guardian signed authorization 	
.212 (A-D)	Field Trips <ul style="list-style-type: none"> • Written itinerary and contingency plans. • First Aid Kit, designated health care supervisor, medical records and medications must be accessible during field trip. 	
.430	Swimming Pool & Beach: Water Safety Plan. Swim testing policy and documentation	
.457	Day Camp shelter plan for on-going camp activities during inclement weather.	

14 DAY ADVANCE REQUIRED DOCUMENTS CHECKLIST

Follow-up Documents

Follow-up documents must be submitted to the Health Department fourteen (14) days in advance of camp opening inspection.

	DOCUMENT REQUIRED	DUE DATE
	Staff Health and Immunization Records (105 CMR 430.151A)	<u>fourteen (14) days</u> in advance of camp opening
	Campers Health and Immunization Records (105 CMR 430.151B)	<u>fourteen (14) days</u> in advance of camp opening
	Documentation of Required Staff Certifications (CPR/First Aid) (105 CMR 430. 100; 430.101; 430.103) <ul style="list-style-type: none"> • NO ONLINE CERTIFICATION FOR CPR/FIRST AID 	<u>fourteen (14) days</u> in advance of camp opening
	Documentation of background review of all staff (105 CMR 430.090) (INCLUDES CORI AND SORI) <ul style="list-style-type: none"> • Expanded CORI to include juvenile records 	<u>fourteen (14) days</u> in advance of camp opening
	Documentation of all staff orientation and training (105 CMR 430.091) <ul style="list-style-type: none"> • Must include head injury training 	<u>fourteen (14) days</u> in advance of camp opening
	Camp Roster	<u>fourteen (14) days</u> in advance of camp opening
	Staff Roster	<u>fourteen (14) days</u> in advance of camp opening
	Certification of Compliance with 105 CMR 430.090	<u>fourteen (14) days</u> in advance of camp opening

REMINDER: Camp Completion report is due in the Health Department office by September 12th or a \$50 fee will be charged.