



**TOWN OF UXBRIDGE  
BOARD OF HEALTH  
TOWN HALL  
21 SOUTH MAIN STREET  
UXBRIDGE, MA 01569  
508-278-8600 x 8  
boh@uxbridge-ma.gov**

**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.

## Camp Application

Page 2

### **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 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 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. Health (Medical) Care Policy \_\_\_\_\_
6. Physicians Written Plan for First Aid \_\_\_\_\_
7. Procedures for Isolating Ill Children \_\_\_\_\_
8. 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
9. Emergency Plan \_\_\_\_\_
  - a. Fire evacuation plan \_\_\_\_\_
  - b. Disaster & Emergency Care plan \_\_\_\_\_
  - c. Lost camper and swimmer plan \_\_\_\_\_
  - d. Traffic control plan \_\_\_\_\_
10. Discipline Plan \_\_\_\_\_
11. Procedures for Background Review of Staff and Volunteers \_\_\_\_\_
12. Orientation Plan for Staff and Volunteers \_\_\_\_\_
13. Reporting Suspected Child Abuse and Neglect Plan \_\_\_\_\_
14. 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:**

*(Initial Inspection will consist of comprehensive review of application, policies, health records for staff and campers, and all CORI/SORI reports. Facility inspection will be conducted prior to camp operation)*

- 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 \_\_\_\_\_