



Health Department

STONEHAM  
Board of Health - Health Department  
35 CENTRAL STREET  
STONEHAM, MA 02180

781-279-2621  
Fax 781-507-2615

## RECREATIONAL CAMP FOR CHILDREN PERMIT APPLICATION

**FEE \$200.00**

Name of Camp: \_\_\_\_\_

Site Address: \_\_\_\_\_ Site Telephone: \_\_\_\_\_

Name of Camp owner \_\_\_\_\_

Office Address: \_\_\_\_\_ Tele. No. \_\_\_\_\_

Name of Camp Operator (if different)  
\_\_\_\_\_

Address: \_\_\_\_\_ Tele. No. \_\_\_\_\_

Name of health care consultant:  
\_\_\_\_\_

Address: \_\_\_\_\_ Tele. No. \_\_\_\_\_

Type of Camp: Day \_\_\_\_\_ Residential \_\_\_\_\_

Hours of operation: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

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: \_\_\_\_\_

Title of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*See reverse side for a list of documents that must be completed and submitted before your application for a license can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit them in advance. This will expedite the licensing process.*

## REQUIRED DOCUMENTS

See the MA. Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV --105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- Staff information forms (see attached)
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C) )
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159 (B) )
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan – approved by local fire department (105 CMR 430.210 (A) )
- Disaster plan (105 CMR 430.210 (B) )
- Lost camper plan (105 CMR 430.210 (C) )
- Lost swimmer plan (105 CMR 430.210 (C) )
- Traffic control plan (105 CMR 430.210 (D) )
- Day camps – contingency plan (105 CMR 430.211)
- Primitive, trip or travel camps – Written itinerary, including sources of emergency care and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If applying for initial license after January 1, 2000, lab analysis of private water supply (if applicable) (105 CMR 430.300, .303)

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 DIRECTOR

Name \_\_\_\_\_ Age \_\_\_\_\_

Coursework in camping  
administration \_\_\_\_\_

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

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## 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): \_\_\_\_\_

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## 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: \_\_\_\_\_

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# 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 s 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.

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