

**TOWN OF HUBBARDSTON
APPLICATION TO OPERATE A RECREATIONAL CAMP
FOR CHILDREN**

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Address of Camp Owner: _____

Telephone Number: _____

Name of Camp Director: (if different) _____

Address: _____

Telephone Number: _____

Name of Health Care Consultant: _____

Type of Medical License _____ MD _____ NP _____ PA

MA License Number _____

Address: _____

Telephone Number: _____

Name of Health Staff Administering Medication:

Type of Medical License _____ MD _____ NP _____ PA _____ RN

Address: _____

Parental Permission Statement:

All camp staff and all campers must have a current, signed parental (or guardian) authorization for the Health Staff to administer medication and/or emergency care.

Name of Sports Instructor: _____

Address: _____

Name of Horseback Riding Instructor: _____

Address: _____

Name of Aquatics Director: _____

Lifeguard Certificate issued by: _____

Expiration Date: _____

American First Aid Certificate: _____

Swimming Pool: Yes: _____ No: _____

Bathing Beach: Yes: _____ No: _____

Type of Camp: Day _____ Residential _____

Hours of Operation: _____

Number of Campers: _____

Dates of Operation: Opening: _____ Closing: _____

Meals Provided: Yes: _____ No: _____

Date of Inspection by Board of Health: _____

Date of Inspection by Building Inspector: _____

Date of Inspection by Fire Chief: _____

Below is a list of documents that must be completed. These documents to be available for inspection any time during camp operation.

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
- *Procedures for the background review of staff (105 CMR 430.090)
- *Copy of Promotional literature (105 CMR 430.190c)
- *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 ©)
- *Lost Swimmer Plan (105 CMR 430.210 ©)
- *Traffic Control Plan (105 CMR 430.210 (D))*

- *Day Camps - Contingency Plan (105 CMR 430.211)
- *Current Certificate of Occupancy from local building inspector (105 CMR 430.451)
- *Written Statement of Compliance from local Fire Department (105 CMR 430.215)

Application Approved:

Chairman

Date

Vice-Chairman

Date

Member

Date

Comments: _____

