

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. REC -	YEAR 2018
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APPLICATION FOR PERMIT TO OPERATE A RECREATIONAL CAMP

CASH

CHECK



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: \$50.00

Application PAGE 1 OF 3 In accordance with the provisions of 105 CMR 430.000, Chapter IV of the State Sanitary Code, application is hereby made for a Permit to operate a RECREATIONAL CAMP for CHILDREN in Northampton, Massachusetts

PLEASE FILL IN ALL APPLICABLE INFORMATION FULLY: DATE: _____

NAME of CAMP: _____

SITE ADDRESS: _____

SITE TELEPHONE: _____

NAME of CAMP OWNER: _____

OFFICE ADDRESS: _____

OWNER or OFFICE TELEPHONE NUMBER: _____

NAME of CAMP OPERATOR (if different): _____

ADDRESS: _____

CAMP OPERATOR TELEPHONE NUMBER: _____

NAME of HEALTH CARE CONSULTANT: _____

ADDRESS: _____

CONSULTANT TELEPHONE NUMBER: _____

TYPE OF CAMP (Check):	DAY <input type="checkbox"/>	RESIDENTIAL: <input type="checkbox"/>	PRIMITIVE, TRAVEL, TRIP: <input type="checkbox"/>	SPECIAL NEEDS: <input type="checkbox"/>
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MAXIMUM NUMBER OF CAMPERS ALLOWED PER SESSION: _____ OPERATING DAYS per YEAR: _____

AGE RANGE OF CAMPERS: _____ days per year

AVERAGE NUMBER OF SUPERVISORY CAMP _____ Per Session

AVERAGE NUMBER OF JUNIOR COUNSELORS: _____ Per Session

HOURS of OPERATION:					
DATES of OPERATION: <small>If necessary, List different SESSIONS.</small>	OPENING:	Session 1		CLOSING:	
	OPENING:	Session 2		CLOSING:	
	OPENING:	Session 3		CLOSING:	
TOTAL # OF DAYS Per YEAR IN OPERATION:	OPENING:	Session 4		CLOSING:	
	OPENING:	Session 5		CLOSING:	
	OPENING:	Session 6		CLOSING:	

SWIMMING POOL: (CIRCLE)	YES	NO	CIRCLE WHETHER LICENSED BY THE BOARD OF HEALTH:	YES	NO
BATHING BEACH: (CIRCLE)	YES	NO	CIRCLE WHETHER LICENSED BY THE BOARD OF HEALTH:	YES	NO
MEALS PROVIDED: (CIRCLE)	YES	NO	CIRCLE WHETHER LICENSED BY THE BOARD OF HEALTH:	YES	NO

# OF DAYS OF PRE-OPENING or STARTUP TIME:	
# OF DAYS OF POST CAMP CLOSING CLOSE-DOWN TIME:	
POTABLE WATER SOURCE:	
SEWAGE DISPOSAL::	

CAMP DIRECTOR
NAME: _____ AGE: _____

COURSEWORK IN CAMPING ADMINISTRATION:

PREVIOUS CAMP ADMINISTRATION EXPERIENCE:

HEALTH CARE CONSULTANT
NAME: _____

TYPE of MEDICAL LICENSE (must be a physician, nurse practitioner, or physician assistant with pediatric training):

MASSACHUSETTS LICENSE
NUMBER: _____

HEALTH SUPERVISOR
NAME: _____ AGE: _____

TYPE of MEDICAL LICENSE, REGISTRATION or TRAINING (See 105 CMR 430.159(C)):

MARK N/A IF NOT APPLICABLE:

AQUATICS INSTRUCTOR
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:

MARK N/A IF NOT APPLICABLE:

FIREARMS INSTRUCTOR			
NAME:			
NATIONAL RIFLE ASSOC. 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 § 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 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.

SIGNATURE of APPLICANT

OFFICIAL TITLE

TAX ID # or SOCIAL SECURITY #

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

CHECKLIST

Required 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 sixty (60) days prior to opening camp.**

- Application completed
- Attach a list of all staff and volunteers including the names, ages (over or under 18 yrs.), applicable current certifications (if any), such as First Aid, and the anticipated role at the camp. Use as many pages as necessary to complete this.
- Appropriate fees submitted with application (see below)

The following documents and policies must be available for inspectors 10 days prior to opening camp.

- Written agreement with Health Care Consultant (105 CMR 430.159A)
- Campers' Medical Records: physical exams and certificates of immunization with dates. (105 CMR 430.151, 430.152)
- Medical Logbook – bound (105 CMR 430.155)
- Procedures for the background review of staff (CORI/SORI) (105 CMR 430.090)
- Copy of Promotional Material (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 (105CMR 430.210(B))
- Lost camper plan (105 CMR 430.210(C)) and 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, lab analysis of private water supply (if applicable) (105 CMR 430.303).
- There will be an inspection prior to opening and at least one other time during the season.