

City of Peabody
BOARD of HEALTH
Bernard H. Horowitz, Chairman
Thomas J. Durkin III, Leigh Ann Mansberger, MD, MPH

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Office Address: _____

Telephone Number: _____

Name of Camp Operator (if different): _____

Address: _____

Telephone Number: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Type of Camp: Day _____ Residential _____

Hours of Operation: _____

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: _____

Official Title: _____ Date: _____

Required Documents

In order for your application to be considered complete, the following documents must be attached:

- Staff information forms (105 CMR 430.090)
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- Procedures for the background review of staff (105 CMR 430.090)
- Procedures for orientation of staff and volunteers (105 CMR 430.091)
- 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))
- Health care consultant agreement (105 CMR 430.159)
- 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 plans (105 CMR 430.212)
- 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)
- Camper release form (105 CMR 430.190)
- Policies on mildly ill campers, administration of medications, and emergency health care provision
- Parent information packet, informing parents of their rights to review background checks and camp policies and procedures

Please note: If you are applying for an original camp license, you must also file with the board of health a plan showing the following, at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Building, structures, fixtures and facilities
- Proposed source of water supply and lab analysis of private water supply (if applicable) (105 CMR 430.300,.303)
- Works for disposal or sewage and waste water

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 required documents.

Camp Director:

Name: _____

Age: _____

Course work 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): _____

MA License Number: _____

Health Supervisor:

Name: _____

Age: _____

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

Aquatics Director:

Name: _____

Age:- _____

Lifeguard Certificate issued by: _____

Expiration Date: _____

American Red Cross CPR Certificate: _____

Expiration Date: _____

American First Aide Certificate: _____

Expiration date: _____

Previous aquatics supervisory experience: _____

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 & 155, 158: _____

For all supervisory staff:

Attach the names, ages, applicable current certifications (if any), and the anticipated role at the camp of all supervisory staff (as defined 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 councilors, general activity leaders or other staff who provide supervision to campers without assistance.

Fee Schedule:

Fee for each original or renewal license shall be:

- \$150 if completed application, including all required attachments, is received by Board of Health a minimum of 45 days prior to the camp's desired start date.
- \$250 if completed application, including all required attachments, is received by Board of Health 30 - 44 days prior to the camp's desired start date.
- \$350 if completed application, including all required attachments, is received by Board of Health 15 - 29 days prior to the camp's desired start date.
- \$450 if completed application, including all required attachments, is received by Board of Health less than 15 days prior to the camp's desired start date.

For office use only:

Desired camp start date: _____

Date application form received: _____

Date all required attachments received: _____

Inspection dates: _____

Permit fee: _____

Permit issuance date: _____