



APPLICATION TO OPERATE A RECREATIONAL CAMP FOR CHILDREN

(Please fill out completely)

Name of Camp: _____

Address of Camp: _____

Name of Owner: _____

Address of Owner: _____

Camp Director: _____

Mailing Address: _____

Off-Season Mailing Address: _____

Dates of Camp Operation: _____ Camp Phone: _____

Number of Days Camp is in Operation: _____

Number of Campers and Staff: _____

Health Care Consultant Name: _____

(Must be a Massachusetts licensed MD, NP, PA with Pediatric Training)

Phone Number for Health Care Consultant: _____

Health Care Supervisor Name: _____

(Must be over 18 years of age, specially trained in first aid and CPR)

Phone Number for Health Care Supervisor: _____

NOTE: EVERY RECREATIONAL CAMP IS REQUIRED TO HAVE A CONSULTANT AND A SUPERVISOR

All Payments Due With Application – *NO CASH PLEASE*

For Office Use Only – Please Make All Checks Payable to the City of Holyoke-HLT-06					
<u>Date Received</u>	<u>Amount Received</u>	<u>Check No.</u>	<u>Received by:</u>	<u>Customer #:</u>	<u>Invoice:</u>

The following items must be submitted prior to inspection:

- Written procedures for the review of the background of each staff person and volunteer who may have unsupervised and supervised contact with a camper.
- Written camp's plan for orientation which shall include at a minimum: the Camp's philosophy, organization, policies and procedures. The operator shall not assign any person to be responsible for a group of children nor utilize staff to supervise others until said person has received orientation.
- Written Procedures for reporting of any suspected incidents of child abuse and neglect in accordance with procedures described in MGL c 119 s. 51A. The procedures shall include: 430.093 1-3.
- Written camp medical policy, approved by the health care consultant which will address daily health supervision, infection control, handling of health emergencies and accidents, available ambulance services, provision for medical nursing and first aid services, the name of the designated on-site Camp Health Supervisor and the name of the Health Care Consultant.
- The operator shall submit any promotional literature on which the following must be printed: "This camp must comply with regulations of the Mass Dept of Public Health and be licensed by the local Board of Health."
- Written plan for disciplining campers, including the prohibitions in 430.191 (B) 1-4.
- Written contingency plans dealing with circumstances such as national disasters:
 - Fire evacuation plan in writing, approved by local fire department.
 - Disaster plan-each camp must have at the campsite a written disaster plan. Arrangements for transporting individuals from the camp to emergency facilities shall be included in the plan.
 - Lost camper and swimmer plan.
 - Traffic control plan.
- Written procedures to be followed in dealing with the following contingencies for day Camps:
 - Children who are registered and on 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.
- Copy of current certificate of occupancy issued by the local building inspector for all camp structures used for sleeping or for assembly.
- Written authorization from parents to administer medication to a camper form.



TYPE OF CAMP (circle one): Day Travel Trip Residential

RATIO OF COUNSELORS TO GROUP OF CHILDREN AGE SIX AND UNDER: _____

RATIO OF COUNSELORS TO GROUP OF CHILDREN OVER AGE SIX: _____

ARE THERE ANY PHYSICALLY DISABLED CAMPERS? _____ **NUMBER:** _____

Check any of the following activities offered and give name of the staff member in charge of that activity and where that activity is conducted.

ACTIVITIES	STAFF MEMBER IN CHARGE	LOCATION(S) OF ACTIVITY
<input type="checkbox"/> Boating	_____	_____
<input type="checkbox"/> Canoeing	_____	_____
<input type="checkbox"/> Water Skiing	_____	_____
<input type="checkbox"/> Swimming	_____	_____
<input type="checkbox"/> Scuba Diving	_____	_____
<input type="checkbox"/> Firearms/Riflery	_____	_____
<input type="checkbox"/> Archery	_____	_____
<input type="checkbox"/> Horseback Riding	_____	_____

NAME OF HEALTH SUPERVISOR: _____

WILL CHILDREN BE TRANSPORTED ANYWHERE BY MOTOR VEHICLE? Yes ___ No ___

What type of vehicle? _____

What are typical destinations? _____

Are vehicles owned by the camp or chartered? _____

DOES CAMP HAVE PUBLIC OR PRIVATE WATER SUPPLY? _____

ARE MEALS PROVIDED FOR THE CAMPERS: Yes ___ No ___

If yes, where are they prepared? _____

Food Permit? Yes ___ No ___

How many meals a day are provided? _____

Where are they eaten? _____

Sample Daily Log for Medication Administration (complete for each medication)

Year _____

Name of Camper: _____ Gender _____ Age: _____

Name and Dosage of Medication: _____ Route _____ Frequency: _____

Directions: Initial with time of administration. Include a complete signature and initials of person administering medication below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
May																																
June																																
July																																
August																																

Initial
(person administering medication)

Signature

1. _____
2. _____
3. _____
4. _____
5. _____

Codes for administration:

(A) Absent
(O) No Show
(D/C) Medication Discontinued

(E) Early Dismissal
(F) Field Trip

(X) No Camp
(N) No medication available