



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206*

BOARD OF HEALTH

Recreational Camp License Application

Date: _____

Camp Name and Location:

Camp Name: _____

Location where camp operates: _____

Phone: _____ Email: _____

Camp Owner/ Organization Information:

Owner/Organization Name: _____

Primary Mailing Address: _____

Phone: _____ Email: _____

Type of Camp:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Primitive/Outpost | <input type="checkbox"/> Travel or Trip Camp | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Day | <input type="checkbox"/> Other: _____ |

Seasonal or Year-Round:

- ☐ Seasonal ☐ Year Round

If Seasonal:

Opening date for camp: _____

Closing date for camp: _____

Hours of Operation: _____

Camp Capacity (per session):

Number of Campers: _____

Number of Staff: _____

Total Number of Campers for the Year: _____

Camp Operating Information:

If the camp previously operated in Massachusetts provide: Year(s) the camp operated and the name(s) the camp operated under:

Name(s): _____

☐ from: _____ to: _____

☐ N/A

Has the camp's license ever been suspended or revoked:

☐ Suspended

☐ Revoked

☐ Neither

Camp Director/Operator Information (if different from owner):

Director/ Operator Name: _____

Address: _____

Phone: _____

Email: _____

☐ send license to email address: _____

Health Care Consultant Information:

Name: _____

MA License Number: _____

Phone Number (to reach during camp operations): _____

☐ Physician

☐ Physician Assistant

☐ Nurse Practitioner

Health Care Supervisor Information:

Name: _____

MA License Number: _____

Age: _____

Type of Medical License, Registration or Training:

☐ Physician/MD

☐ Nurse/R.N.

☐ Physician Assistant/P.A.

☐ Nurse Practitioner/NP

☐ Other: _____, please attached documentation of current 1st Aid/ CPR Training Certificate

Transportation:

Will vehicles transport campers or staff members: ☐ Yes ☐ No

If yes, describe and provide name of Bus Company

Drinking Water and Plumbing Information:

☐ Town Water Supply

☐ Other: _____

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by an on-site sewage disposal system(s)?

☐ Municipal/Off-site

☐ On-Site (if on-site, date of most recent septic tank pumping and inspection: _____)

Activities:

Does the camp have the following: *Check that are all applicable and submit specialized training for staff:*

☐ Aquatics (Pool, Bathing Beach) ☐ Watercraft ☐ Scuba Diving ☐ Archery

☐ Firearms ☐ Field Trips ☐ Rock Climbing ☐ Challenge Courses and Climbing Walls

☐ Horseback Riding ☐ Hiking

Meals Provided: ☐ Yes ☐ No

Food Permit Number: _____

Renewal or Previously Submitted information:

If ALL of the above information was previously submitted and has NOT changed, please note:

☐ INFORMATION ON FILE from previous years.

Certification and Signature:

I authorize the verification of the information provided in and with the application is true, complete and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete or misleading information shall be subject to suspension or revocation.

Applicant Signature: _____

Title: _____

Applicant Name: _____

Date: _____

Comments or Additional information:

Required Documentation:

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps – contingency plans [105 CMR 430.211]
- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300,.303]

Please note:

When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]

Permit Fee:

Recreational Camp - \$75.00

Make check payable to - Town of Medway