



MILTON BOARD OF HEALTH

525 Canton Avenue

Milton, MA 02185

(617) 898-4886 (617) 696-5172 FAX

www.townofmilton.org

Recreational Camp for Children Permit Application

Date: _____

Fee: 1 Week: \$200.00; >1 Week: \$400.00

Camp Name: _____

Camp Owner/Operator: _____

& Address: _____

Office Address: _____

Camp Phone: _____

Office Phone: _____

Camp Director: _____

Office FAX: _____

Mailing Name & Address: _____

Type of Camp: ___ Day ___ Residential (overnight) ___ Sports ___ Travel/Trip ___ Primitive ___ Other
Start Date: ___ End Date: ___ Hours and Days of Operation: ___
Maximum Number of Campers per Session: ___ Session Length(s): ___
Ages and Age Groups of Campers: ___ # of Counselors: ___ # of Jr. Counselors: ___
Date of Staff Training: ___ Counselor:Camper Ratio for < 7 yrs: ___ for \$7 yrs: ___

Activities and Facilities

Summary of Camp Activities: _____

Will Swimming be Offered? ___ If yes, where? _____

Lifeguards: _____ [written contract, for exclusive services, required if not your staff]

Counselor ratio pool-side [1:10 required]: _____ Aquatics Director: _____

Describe Food Service (ie. cafeteria, brown bag, include food storage locations/refrigerators): _____

Describe Transportation Policy and Vehicles Used: _____

Water Supply (check one): ___ town ___ private well

Sewage Disposal (check one): ___ town sewer ___ on-site [cesspool, septic system, privy]

Person in Charge When Camp Director Is Not in Camp: _____

Note: Camp Director must be in camp or where majority of campers are unless emergency prevents this.

Camper and Staff Health

Health Care Consultant: _____ On-Site Health Supervisor: _____
[written contract necessary] [qualifications: _____]

First Aid Facility Location: _____ Pre-numbered, bound Medical Log Available? _____

Communicable Disease and Injury Report Forms available and in use? _____

Health History, Physical Exam and Immunization records for staff and campers? _____

Documents to Attach with Application

Note: ALL camps must submit ALL documents even if already on file from previous years.

1. Health Care Consultant Agreement [430.159]-signed & submitted annually
2. Health Care/Medical Policy including Standing Orders and Guidelines for Storage and Administration of Medicines [430.159]- reviewed and approved annually by Health Care Consultant
3. Promotional Literature with statement: "This camp must comply with regulations of the MA Department of Public Health, 105 CMR 430.000, and be licensed by the Milton Board of Health. Information on 105 CMR 430.000 can be obtained at 617-983-6761". [430.190c].
4. Copy of medical policies that must be provided to parents [430.159] and copy of notice to parents that other policies (health care, discipline, grievance) are available upon request [430.190].
5. Milton Fire Department written statement of fire prevention compliance (original kept on site)[430.215].
6. Building Department current Certificate of Inspection (original kept on site)[430.451].
7. Written procedures for employee background information, including employee background checks (CORI, SORI or equivalent), prior work history, three positive reference checks [430.090] and date of CORI/SORI. Must sign and return Certification of Compliance form (provided).
8. List of supervisory staff; including name, position, age, highest level of education, and qualifications/certifications. Supervisory staff means those persons with the responsibility, authority and training to provide direct supervision to camper groups. This includes: Camp Director, Aquatics Director, Health Supervisor, Lifeguards, and other specialty activity leaders (ie. firearms, horseback riding, archery).
9. List of adult camp counselors, age, highest level of education, age of group supervising, ratio of campers to counselors. List of vehicle drivers transporting campers. List of staff certified in CPR (see provided forms).
10. Camp Orientation Plan [430.091] with date of training
11. Child Abuse Procedures [430.093]
12. Discipline Policy [430.191]
13. Contingency Plans [430.210]
 - ' Natural disasters
 - ' Other emergencies (lost camper plan, lost swimmer plan)
 - ' Fire, evacuation, fire drills-approved by Fire Department
 - ' Traffic control
14. Special Contingency Plans for Day Camps [430.211]
 - ' Registered campers who fail to arrive
 - ' Campers who appear that were not registered
 - ' Campers who fail to arrive at point of pick-up at end of day's activities
15. Emergency Procedures for Primitive, Travel or Trip Camps [430.212]
16. Rabies Plan [Milton requirement]
17. For New Applications only: include a plan showing the building, structures, fixtures and facilities

"I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the camp operation will comply with 105 CMR 430.000 and any other applicable laws and regulations."

"Pursuant to MGL Ch. 152, sec. 25A, I certify under the penalties of perjury that this operation, to my best knowledge and belief, is in compliance with the Massachusetts Workers Compensation Coverage Requirement if applicable."

"Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law."

Signature of Applicant: _____