



TOWN OF TEWKSBURY

HEALTH DEPARTMENT

TOWN HALL

1009 MAIN STREET

TEWKSBURY, MASSACHUSETTS 01876

(978) 640-4470 Fax (978) 640-4472 Nurse's Line (978) 640-4473

health@teWKsbury-ma.gov

APPLICATION FOR A PERMIT TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Date: _____

Fee: \$90.00

Name of Camp: _____

Camp Address: _____

Mailing Address (if different): _____

Camp Phone #: _____

Camp Website: _____

Name of Camp Owner: _____

Owner's Address: _____

Owner's Phone #: _____

Owner's E-mail: _____

Name of Camp Operator/Director (if different): _____

Address: _____

Phone: _____

E-mail: _____

Name of Health Care Consultant: _____

Address: _____

Phone: _____

E-mail: _____

Type of Camp:

Day

Residential

Dates of Operation: Opening: _____

Closing: _____

Hours of Operation: _____

Swimming Pool : Yes

Pool Permit #: _____

No

Bathing Beach : Yes

No

Meals Provided : Yes

Food Permit #: _____

No

Signature of Applicant: _____

Official Title: _____ Date: _____

See the next page for a list of documents that must be completed and submitted before your application for a permit can be fully processed. You are strongly encouraged to complete these documents as soon as possible and submit them in advance; this will expedite the permitting process.

REQUIRED DOCUMENTS

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 following documents.

- ❖ Staff information forms (see attached)
- ❖ Procedures for the background review of staff (105 CMR 430.090)
- ❖ 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))
- ❖ 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 plan (105 CMR 430.211)
- ❖ Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care and contingency plan (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 permit after January 1, 2000, lab analysis of private water supply, if applicable (105 CMR 430.300, .303)

Please note: If you are applying for an original camp permit, that is, the original camp permit in each community where the camp is located, you must file a plan showing the following with the Health Department at least ninety (**90**) days before your desired opening date (See MGL Ch. 140 s. 32A):

- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal of sewage and waste water

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 a Physician’s Assistant with Pediatric training): _____
MA License #: _____

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 First Aid Certificate Issued By: _____
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 #: _____ 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 the 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.

FOR HEALTH DEPARTMENT USE ONLY

Date Received Check Number Amount Paid Permit # Issued