



Derek Fullerton, RS, CHO  
Public Health Director

**Town of Middleton**  
**Board of Health**  
195 North Main Street  
Middleton, Massachusetts 01949  
978-777-1869  
FAX 978-774-0718  
*www.middletonhealth.org*



**Public Health**  
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APPLICATION FOR A LICENSE TO CONDUCT A  
RECREATIONAL CAMP FOR CHILDREN

**NAME OF CAMP:** \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Telephone: \_\_\_\_\_

**NAME OF CAMP OWNER:** \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail \_\_\_\_\_

**NAME OF CAMP OPERATOR (IF DIFFERENT):** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail \_\_\_\_\_

**TYPE OF CAMP:**

Day\_\_\_\_ Sports\_\_\_\_

Residential\_\_\_\_ Primitive\_\_\_\_

Hours of Operation:\_\_\_\_\_ Offsite Trips conducted: Yes\_\_\_ No\_\_\_

Dates of Operation: Opening Date:\_\_\_\_\_ Closing Date:\_\_\_\_\_

Swimming Pool: Yes\_\_\_ (If yes, fill out and submit pool application) No\_\_\_

Bathing Beach: Yes\_\_\_ No\_\_\_

Meals Prepared and served: Yes\_\_\_ (If yes, fill out food permit application) No\_\_\_



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**CAMP DIRECTOR**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_ Camp Telephone Number: \_\_\_\_\_

E-Mail \_\_\_\_\_

**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/POOL OPERATOR (IF APPLICABLE)**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Certified Pool Operator Certified: Yes\_\_\_ No\_\_\_ Expiration Date: \_\_\_\_\_

American Red Cross CPR Certificate: Yes\_\_\_ No\_\_\_ Expiration Date: \_\_\_\_\_

American First Aid Certificate: Yes\_\_\_ No\_\_\_ Expiration Date: \_\_\_\_\_

Previous Aquatics Supervisory Experience: \_\_\_\_\_

\_\_\_\_\_



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**FIREARMS INSTRUCTOR**

Name: \_\_\_\_\_

National Rifle Association Instructor's Card (or equivalent): Yes \_\_\_ No \_\_\_

Date Certified: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**HORSEBACK RIDING INSTRUCTOR**

Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**STABLE**

Location: \_\_\_\_\_

**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:
- ✓ See Table of Contents/Checklist enclosed.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**OFFICIAL TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Respectfully,

Derek Fullerton, RS, CHO  
Director of Public Health  
Town of Middleton



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## TABLE OF CONTENTS / CHECKLIST

**Submit Items #1-3 to Health Department min 30 days prior to opening (place copy in binder by appropriate tab #)**

**TAB #**

- 1. Camp Application \_\_\_\_\_
- 2. Food Permit Application (if applicable) \_\_\_\_\_
- 2A. Pool Permit Application (if applicable) \_\_\_\_\_
- 3. Phone Contact List for Camp Staff \_\_\_\_\_

**Affix in Camp Binder by Appropriate Tab #**

- 4. Health (Medical) Care Policy \_\_\_\_\_
- 5. Physicians Written Plan for First Aid \_\_\_\_\_
- 6. Procedures for Isolating Ill Children \_\_\_\_\_
- 7. Contingency Plan \_\_\_\_\_
  - Children who are registered and on the 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 \_\_\_\_\_
- 8. Emergency Plan \_\_\_\_\_
  - Fire evacuation plan \_\_\_\_\_
  - Disaster & Emergency Care plan \_\_\_\_\_
  - Lost camper plan \_\_\_\_\_
  - Lost swimmer plan \_\_\_\_\_
  - Traffic control plan \_\_\_\_\_
- 9. Discipline Plan \_\_\_\_\_
- 10. Procedures for Background Review of Staff and Volunteers \_\_\_\_\_
- 11. Orientation Plan for Staff and Volunteers \_\_\_\_\_
- 12. Reporting Suspected Child Abuse and Neglect Plan \_\_\_\_\_
- 13. Lab analysis of private water supply (if applicable): See 105 CMR 430.300,.303 \_\_\_\_\_
- 14. Copy of State Regulations for Camps: 105 CMR 430.000 (provided)

- *Additional Camp information including the State Regulations can be found at <http://www.state.ma.us/dph/dcs/>*



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**To be Made Available / Identified at Time of Inspection**

- HealthRecords for current staff: Health History, Physical Examination, and Certificate of Immunization \_\_\_\_\_
- Health Records for current campers: Health History and Certificate of Immunization \_\_\_\_\_
- Criminal Offender Record Information for current staff \_\_\_\_\_
- Sexual Offender Registry Information for current staff \_\_\_\_\_
- Certificate of Occupancy from local building inspector \_\_\_\_\_
- Permit from Fire Department \_\_\_\_\_
- Injury Log Book \_\_\_\_\_
- Working telephone(s) with current roster posted with appropriate phone #'s \_\_\_\_\_
- Locked Medication Storage Area \_\_\_\_\_
- First Aid Area, Supplies, and Kits \_\_\_\_\_
- Current First Aid and CPR certifications for required staff \_\_\_\_\_