



RECREATIONAL CAMP PERMIT
FOR MELROSE BOARD OF HEALTH USE ONLY
MAKE CHECKS PAYABLE TO CITY OF MELROSE (\$25 PER CAMP)

1) Camp Name (If affiliated with an organization, please include):	
2) Site Address:	
3) Camp Mailing Address (if different):	
4) Camp Telephone No:	
5) Camp E mail (all correspondence will be via email, you are required to provide an email address):	
6) Owner Name & Title:	
7) Owner Home Address:	
8) Owner Telephone No:	9) 24 Hour Emergency No:
10) Establishment Owned By: Association Corporation Individual Partnership Other, specify:	
11) If a corporation or partnership, give name, title, and home address of officers or partner.	
<u>Name</u>	<u>Title</u>
<u>Home Address</u>	

12) Person Directly Responsible for Daily Operations (Owner, Director, Person in Charge, Supervisor, Manager, etc.)	
Name & Title:	
Address:	
Emergency Telephone No:	
Email address:	
12) Health Care Consultant	
Name & Title:	
Address:	
Emergency Telephone No:	
Email address:	
13) Dates of Operation:	
Opening:	closing:
14) Hours of operation:	
From:	am/pm
to:	am/pm

15) Type of Camp (circle appropriate):			
Day	Residential	Sports	Other
15) Staff per season:			
16) Volunteers per season:			
Campers per season			
	YES	NO	Permit number is applicable
Swimming pool:			
Bathing beach:			
Meal provided:			

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 Individual: _____

Official Title: _____

Date: _____

Social Security Number or Federal ID: _____

Corporate Name: _____

See the next page for a list of documents that must be completed and submitted before your application for a license 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 licensing 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 plans (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 license 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 license, that is, the original camp license in each community where the camp is located, you must file a plan showing the following with the board of health at least 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 or sewage and waste water

MELROSE BOARD OF HEALTH, 562 MAIN STREET, MELROSE, MA 02176 (781) 979-4130p, (781) 979-7696f

Camp Director

Name: _____

Age: _____

Coursework in camping administration (please attach): _____

Previous camp administration experience: _____

Health Care Consultant

Name: _____

Type of Medical License: (circle one): physician nurse practitioner PA 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

Name: _____

Age: _____

Lifeguard Certificate issued by: _____

Expiration date: _____

American Red Cross CPR Certificate: _____

Expiration date: _____

American First Aid Certificate: _____

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 Number: _____ 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.