Date Received	Amount Paid \$	Check #	Perr	mit #	
	FOR BOH OFFIC	E USE ONLYTCC: In	itial	_ Date	
	APPL	CK BOARD OF H IONAL CAMP ICATION 2024	IEALTH	Southwick Board of Health 454 College Highway Southwick, MA 01077 (413) 569-1212	
Camp Name and Loc	ation Information				
Camp Name:					
Location where camp operate	s:				
City:	State:		ZIP Code:		
Phone:		Fax:			
Email:					
Website/Social Media address	S:				
Camp Owner/Organi	zation Information				
Owner/Organization Name:					
Primary Mailing address:			-		
City:	State:	1	ZIP Code:		
Phone (year-round):		Fax:			
Email:					
Camp Director/Opera	ator Information (if differe	ent than owner)			
Director/Operator Name:					
Primary Mailing address:	Γ		1		
City:	State:		ZIP Code:		
Phone (year-round):		Fax:			
Email:					
Camp Operating Info					
	ed in Massachusetts provide: year(s) ⁻ o: Name(s):		• •	np operated under:	
110m1	0 Wanne(3)				
Has the camp's license ever b	een suspended or revoked:(check):	Day or Residential Camp):		
Suspended Revoked		Day Residential			
Neither					
Seasonal or Year-Round Carr	np:	Seasonal camp only: Opening Date for camp:_			
Seasonal		Closing Date for camp:			
Year-Round		Hours of Operation:			
Swimming Pool(s):	Pool Permit Numb	er:			
Yes Off-site	Off-Site Pools (if a	pplicable):			
No No	Total Number of P	ool(s):			
Bathing Beach(s):		ocated at camp (if applicable	le):		
Yes Off-site					
No Off-Site beaches (if applicable) :					
Meals Provided:	Un-Site beacries (If app	iicaule)			
Yes	Food Permit Numi	ber:			
Camp Capacity (per Session).		Staff [.]			
Total Number for the Year:					

Name: MA License Number: Phone (to reach during camp operations): Type of Medical Licenses: Physician Assistent (LOTE: Attach documentation of pediatric training if a PA) Hatth Care Supervisor Information Name: MA License Number: Age: Type of Medical License, Registration or Training 105 CMR 430 159(C): Physician Assistant of Colspan="2">Presizian Assistant documentation of current First Ait / CPR Training Autor Supervisor Information N/A Name: Age: Lifeguard Certificate issued by: American Red Cross CPR Certificate: Lifeguard Certificate issued by: American Red Cross CPR Certificate: Expiration date: Expiration date: Stepiration date: Expiration date: Expiration date: Expiration date: Horesback Riding Instructor Information N/A Name: Expiration date: License Number: Expiration date: Stable Location: Expiration date: License Number: Expiration date: Stable Location: Expiration date: License Number: Expiration date: Stable Location: Expiration date: License Number	Health Care Consultant Information					
Type of Medical License: Physician Assistant (NOTE: Attach documentation contended on the contend on the contended on the contended on the contend te	Name:					
Physician Physician Assistant (MOTE: Attach documentation Other	MA License Number: Phone (to rea	ach during camp operations):				
Nurse Practitioner of pediatric training if a PA) Health Care Supervisor Information Name: Ma License Number: Type of Medical License, Registration or Training 105 CMR 430.159(C): Physician Physician Assistant Nurse Aquatios Director Information N/A Name: Lifeguard Certificate issued by:	Type of Medical License:					
Name: Age: Type of Medical License, Registration or Training 105 CMR 430.159(C): Physician Physician Physician Assistant Other:Please attach Aquatics Director Information N/A Name: Age: Lifeyard Cartificate issued by:						
MA License Number: Age: Type of Medical License, Registration or Training 105 CMR 430.159(C): Physician Physician Physician Assistant Other:Please attach documentation of current First Aid / CPR Training Aquatics Director Information N/A Name: Age: Lifeguard Certificate issued by: American Red Cross CPR Certificate: Expiration date: Previous aquatics supervisory experience: Expiration date: Expiration date: Firearms Instructor Information N/A Name: Name: Natomal Rifle Association Instructor's card (or equivalent): Expiration date: Horseback Riding Instructor Information N/A Name: Licensed in accordance with MGL c.111 §155, 158:						
Type of Medical License, Registration or Training 105 CJR 430.159(C): Physician Assistant Nurse Other:Please attach documentation of current First Aid / CPR Training Aquatics Director Information N/A Name: Age: Lifeguard Certificate issued by:						
Physician Physician Assistant Other:						
Nurse Nurse Practitioner documentation of current First Aid / CPR Training Aquatics Director Information N/A Name: Age: Lifeguard Certificate issued by: American Red Cross CPR Certificate: Expiration date: Expiration date: Expiration date: Previous aquatics supervisory experience: Expiration date: Previous aquatics supervisory experience: Expiration date: Previous aquatics supervisory experience: Expiration date: Expiration date: Firearms Instructor Information N/A Name: Name: National Rifle Association Instructor's card (or equivalent): Expiration date: Ucense Number: Expiration date: Stable Location: Expiration date: Stable Location: Icensed in accordance with MGL c. 111 §155, 158: Licensed in accordance with MGL c. 111 §155, 158: Image: Stable Location: Image: Licensed in accordance with MGL c. 111 §155, 158: Image: Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system or is it served by on-site sewage disposal system or is it, for site, for site, pate of most recent septic tank pumping and inspection:		<u>,</u> .				
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License Number: Expiration date: Stable Location:		1/A				
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Is the camp a Public Water System (PWS) or connected to a town water supply? PWS Town water supply Other:						
PWS Town water supply Other:	Drinking Water and Plumbing Information					
Town water supply Other:	Is the camp a Public Water System (PWS) or connected to a town wate	er supply?				
Town water supply Other:						
Other:						
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Municipal/Off-Site On-Site (if on-site, Date of most recent septic tank pumping and inspection:)		te sewage disposal system or is it served by on-site sewage disposal				
On-Site (if on-site, Date of most recent septic tank pumping and inspection:)	system(s)?					
	On-Site (if on-site, Date of most recent septic tank pumping and inspection:)					
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 hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 430.000 of the State Sanitary Code. I agree to allow the Board of Health or its agent's access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.					
Signature	Title:				
of Owner/Officer:					
Name		Date:			
(Please Print):					

APPLICATION FEE: <u>\$ 50</u>

CHECK OR MONEY ORDER

MAKE PAYABLE TO: Town of Southwick

NO REFUNDS

Required Documentation:

Please consult 105 CMR 430.000, Massachusetts 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, and 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 <u>least 90 days prior to the desired opening date</u>, 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]