

City of Peabody  
**BOARD of HEALTH**  
Bernard H. Horowitz, Chairman  
Stephen Kalivas, R. PH, Leigh Ann Mansberger, MD

Name of Camp: \_\_\_\_\_

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

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

Name of Camp Owner: \_\_\_\_\_

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

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

Name of Camp Operator (if different): \_\_\_\_\_

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

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

Name of Health Care Consultant: \_\_\_\_\_

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

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

Type of Camp: Day \_\_\_\_\_ Residential \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

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

Swimming Pool: Yes \_\_\_\_\_ Pool Permit Number \_\_\_\_\_ No \_\_\_\_\_

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

Meals Provided: Yes \_\_\_\_\_ Food Permit Number \_\_\_\_\_ No \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Official Title: \_\_\_\_\_ Date: \_\_\_\_\_

### **Required Documents**

**In order for your application to be considered complete, the following documents must be attached:**

- Staff information forms (105 CMR 430.090)
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- Procedures for the background review of staff ( 105 CMR 430.090)
- Procedures for orientation of staff and volunteers (105 CMR 430.091)
- 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))
- Health care consultant agreement (105 CMR 430.159)
- 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 plans (105 CMR 430.212)
- 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)
- Camper release form (105 CMR 430.190)
- Policies on mildly ill campers, administration of medications, and emergency health care provision
- Parent information packet, informing parents of their rights to review background checks and camp policies and procedures

Please note: If you are applying for an original camp license, you must also file with the board of health a plan showing the following, at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Building, structures, fixtures and facilities
- Proposed source of water supply and lab analysis of private water supply (if applicable) (105 CMR 430.300,.303)
- Works for disposal or sewage and waste water

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 required documents.

**Camp Director:**

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

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

Course work in camping  
administration: \_\_\_\_\_

\_\_\_\_\_  
Previous camp administration  
experience: \_\_\_\_\_

**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:**

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

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

Lifeguard Certificate issued by: \_\_\_\_\_

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

American Red Cross CPR Certificate: \_\_\_\_\_

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

American First Aide 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: \_\_\_\_\_

**For all supervisory staff:**

Attach the names, ages, applicable current certifications (if any), and the anticipated role at the camp of all supervisory staff (as defined below). Use as many pages as necessary to complete this.

Supervisory staff means those persons with responsibility, authority and training

to provide direct supervision to camper groups. This may include counselors, junior councilors, general activity leaders or other staff who provide supervision to campers without assistance.

**Fee Schedule:**

Fee for each original or renewal license shall be:

- \$150 if completed application, including all required attachments, is received by Board of Health a minimum of 45 days prior to the camp's desired start date.
- \$250 if completed application, including all required attachments, is received by Board of Health 30 - 44 days prior to the camp's desired start date.
- \$350 if completed application, including all required attachments, is received by Board of Health 15 - 29 days prior to the camp's desired start date.
- \$450 if completed application, including all required attachments, is received by Board of Health less than 15 days prior to the camp's desired start date.

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For office use only:

Desired camp start date: \_\_\_\_\_

Date application form received: \_\_\_\_\_

Date all required attachments received: \_\_\_\_\_

Inspection dates: \_\_\_\_\_

Permit fee: \_\_\_\_\_

Permit issuance date: \_\_\_\_\_