



**Public Health**  
Prevent. Promote. Protect.

## TOWN OF SCITUATE BOARD OF HEALTH

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### HEALTH CARE CONSULTANT AGREEMENT

\_\_\_\_\_  
NAME OF CAMP

\_\_\_\_\_  
ADDRESS OF CAMP

The Massachusetts Department of Public Health recreational camps for children regulations, 105 CMR 430.000 requires that the operator of all recreational camps for children have a health care consultant. The regulation and responsibilities of this person are described below.

430.159(A) **Health Care Consultant:** A designated Massachusetts licensed physician, nurse practitioner of physician assistant with pediatric training as the camp's health care consultant. The consultant shall:

1. Assist in the development of the camp's health policy as described in 105 CMR 430.159 (B);
2. Review and approve the policy initially and at least annually thereafter;
3. Approve any changes in the policy;
4. Review and approve the first aide training of staff;
5. Be available for consultation at all times; and
6. Develop and sign written orders to be followed by the on\_site camp health supervisor in the administration of his/her health related duties.

430.159(B) **Health Care Policy:** A written medical policy, approved by local board of health and by the camp health care consultant shall include, but not be limited to daily health supervision, infection control, handling of health emergencies and accidents, available ambulance services, provision for medical, nursing and first aid services, the name of the designated on\_site camp health supervisor, and the name, address and phone number of the camp health care consultant and the name of the health supervisor.

430.160(C) **Administration of Medication:** The health care consultant shall approve in writing for each camper, the administration of prescription medication brought from home.

I meet the requirements of the health care consultant as described in 105 CMR 430.159(A). I have reviewed these referenced regulations and understand the responsibilities of the position and agree to assist this camp regarding the same.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mass License/Registration No.

\_\_\_\_\_  
Address

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



