



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

# TOWN OF SCITUATE BOARD OF HEALTH

600 Chief Justice Cushing Highway, Scituate, MA 02066  
781-545-8725 (phone) 781-545-8866 (fax)  
Commonwealth of Massachusetts

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## APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

Name of Camp: \_\_\_\_\_ Fed ID # \_\_\_\_\_

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

I certify that the camp director of \_\_\_\_\_ has read 105 CMR  
(Name of Camp)

430.000, Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV,  
and agrees to operate the camp in compliance with all sections of the code. I further certify that all

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[www.scituatema.gov](http://www.scituatema.gov)

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information furnished on the enclosed pages are, to the best of my knowledge, correct. Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Signature of Applicant: \_\_\_\_\_ Official Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Social Security or Federal ID Number: \_\_\_\_\_

**Fee: \$50.00** (check payable to Town of Scituate)

See below 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 wastewater

**Camp Director**

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

Coursework 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**

N/A

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**

N/A

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

National Rifle Association Instructor's card (or equivalent): \_\_\_\_\_

Date certified: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Horseback Riding Instructor**

N/A

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 that provide supervision to campers.