

Town of Wakefield

Board of Health

William J. Lee Memorial Town Hall

One Lafayette Street

Wakefield, MA. 01880

Tel. (781) 246-6375 Fax. (781) 224-5018



Application for a Day/Summer Camp (Non Profit)

Permit Fee: WAIVED

(Please Print)

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: _____ No. of Participants: _____
Hours of Operation: _____ Age Group: _____ to _____
Dates of Operation: Opening: _____ Closing: _____
Swimming Pool: Yes _____ Pool Permit No. _____ No _____
Bathing Beach: Yes _____ No _____
Meals Provided: Yes _____ Food Permit No. _____ No _____

Signature of Applicant: _____
Official Title: _____

See 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.

Camp Director's 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 Name: _____ AGE: _____
Lifeguard Certificate _____ Expiration _____
Issued By: _____ Date: _____
American Red Cross _____ Expiration _____
Certificate: _____ Date: _____
American First Aid _____ Expiration _____
Certificate: _____ Date: _____
Previous Aquatics Supervisory Experience: _____

Health Care Consultant Name: _____
Type of Medical License (*must be a physician, nurse practitioner, or physician assistant with pediatric training*): _____
MA License Number: _____

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 S 155, 158: Yes _____ No _____

Attach the names, ages, applicable current certifications (if any), such a 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.

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

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 (weather related))

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

Transportation – Liability insurance

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 MGLch.140s32A).

Buildings, structures, fixtures and facilities

Proposed source of water supply

Works for disposal or sewage and waste water

Lost Camper Plan

During the lost camper search, the camp director will be in charge of the entire search to avoid confusion and wasted time.

When a camper is missing, the following information will be reported to the camp director and counselors:

Camper's name, sex and age
Last place the camper was seen
What the camper was wearing, size and hair color
Length of time missing
Number of staff in the area
Other people in area (non staff)

Procedure for local search:

All campers gather at a designated area
Each counselor conducts a roll call of his or her group
Conduct a search of bathrooms and camp staff is assigned to search the surrounding area.
Check to determine if the camper was picked up by the parents or made other special arrangements. Contact the parent or guardian to determine if the child was picked up without notifying the camp director.

If the camper is still not found:

Keep the rest of the campers together and assign staff to keep the group entertained.
Assign staff to conduct a wider search of the buildings and surrounding area, call out name and activate 3 blows of a whistle if the camper is found.
Notify emergency personnel if the camper is not found immediately or if the camper requires emergency medical intervention.
The search must continue until all campers are accounted for.