



Town of Dedham
Board of Health
450 Washington St
Dedham, MA 02026
Ph: (781) 751- 9220
F: (781) 751-9229
www.dedham-ma.gov



Public Health
Prevent. Promote. Protect.

Application for a Permit to Operate A Recreational Camp for Children

Fee: \$250.00

Name of Camp:

Name: _____

Address: _____

Dedham, MA 02026

Email: _____

Phone #: _____

Emergency #: _____

Camp Operator (if different than owner):

Name: _____

Address: _____

Email: _____

Phone #: _____

Emergency #: _____

Camp Owner:

Name: _____

Address: _____

Email: _____

Phone #: _____

Emergency #: _____

Health Care Consultant:

Name: _____

Address: _____

Phone #: _____

Type of Camp: Day Residential

Dates of Operation: _____

Hours of Operation: _____

Swimming Pool: No Yes, Pool Permit # _____

Meals Provided: No Yes, Food Permit # _____

Camp Staff Information

Camp Director:

Name: _____ DOB: _____

Coursework in camping administration: _____

Previous Camp Administration experience: _____

Health Care Consultant:

Name: _____ Type of License*: _____

MA License #: _____ (*Must be physician, nurse practitioner, or assistant w/ pediatric training)



Town of Dedham
Board of Health
450 Washington St
Dedham, MA 02026
Ph: (781) 751- 9220
F: (781) 751-9229
www.dedham-ma.gov



Public Health
Prevent. Promote. Protect.

Health Supervisor:

Name: _____ DOB: _____
Type of Medical License, Registration, or Training (see 105 CMR 430.159 (c)): _____

Aquatics Director:

Name: _____ DOB: _____
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:

Name: _____ DOB: _____
National Rifle Association Instructor's card (or equivalent): _____
Date certified: _____ Expiration Date: _____

Archery Instructor:

Name: _____ DOB: _____
National Archery Association Certificate #: _____
Date certified: _____ Expiration Date: _____

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 those staff who provide supervision to campers without assistance.

*By signing you are confirming that you have read and understand 105 CMR 430.000 minimum Standards for Recreational Camps for Children. You also agree to abide by these regulations set forth by the State and enforced by the Dedham Board of Health. **If your establishment is in non-compliance of these regulations you may have your permit suspended indefinitely.***

Applicant/Owners Signature

Date

FID# or SS#



Town of Dedham
Board of Health
450 Washington St
Dedham, MA 02026
Ph: (781) 751- 9220
F: (781) 751-9229
www.dedham-ma.gov



Public Health
Prevent. Promote. Protect.

Checklist

Please read 105 CMR 430.000 minimum Standards for Recreational Camps for Children. Submit the following information to the Health Department:

- Completed application and \$250.00 fee (check made payable to the Town of Dedham)
- Staff information forms
- Procedures for 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 (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