



TOWN OF SAUGUS

BOARD OF HEALTH
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906



Public Health
Prevent. Promote. Protect.

Board of Health
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Director of Public Health

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APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

GENERAL INFORMATION

Name of Camp: _____

Site (Camp) Address: _____

Site Telephone: _____ Fax: _____

Name of Camp Owner: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

Name of Camp Operator (if different): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

Name of Health Care Consultant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

Type of Camp: Day _____ Residential _____ Sports _____

Hours of Operation: _____

Dates of Operation: Start Date: _____ Total Days: _____

End Date: _____

Swimming Pool: Yes _____ No _____ Pool Permit Number _____

Bathing Beach: Yes _____ No _____ Water Sampling Report: _____

Meals Provided: Yes _____ No _____ Food Permit Number _____

Signature of Applicant: _____

Official Title: _____ Date: _____

*****See the APPLICATION CHECKLIST FOR RECREATIONAL CAMPS 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

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):

HEALTH SUPERVISOR

Name: _____ Age: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159C)

AQUATICS DIRECTOR

Name: _____ Age: _____

Lifeguard Certificate issued by: _____ Expire date: _____

American Red Cross CPR Certificate: _____ Expire date: _____

American First Aid Certificate: _____ Expire 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: Yes: _____ No: _____

ATTACH THE NAMES, AGES, POSITION AND APPLICABLE CURRENT CERTIFICATIONS (IF ANY), SUCH AS FIRST AID, CPR, FOOD SAFETY MANAGER OR CERTIFIED POOL OPERATOR 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.
