



Board of Health  
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BOARD OF HEALTH  
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**Public Health**  
Prevent. Promote. Protect.

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## RECREATIONAL CAMP FOR CHILDREN

### *Camp Review Form*

**Camp Name:** \_\_\_\_\_

**Camp Address in Season:** \_\_\_\_\_

**Camp Address off Season:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Camp Owner:** \_\_\_\_\_

**Number of Campers:** \_\_\_\_\_ **Number of Staff:** \_\_\_\_\_ **Number of Volunteers:** \_\_\_\_\_

**Number of days Camp was in operation** \_\_\_\_\_ **Times of Operation:** \_\_\_\_\_

**Residential Day Camps:**

One supervisory staff member for every 10 campers over the age of six

One supervisory staff member for every 5 campers age six or under

**Primitive, travel and trip camps:**

One counselor for every 10 campers, with a minimum of two counselors

**Special needs camps:**

One counselor for every 4 mildly disabled campers needing occasional assistance in activities

One counselor for every two severely disabled campers needing frequent or constant assistance in activities.