

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
RECREATIONAL CAMPS FOR CHILDREN REPORTING FORM**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed by the local Board of Health or Health Department. In addition, 105 CMR 430.632 requires that the local Board of Health notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community. Please complete the required information for each recreational camp licensed.

Keep a copy of the completed form(s) for your records. They may be used for reporting camp licensing activities next year.

If you have not licensed any camps in your community, complete the Board of Health/Health Department section and check the “No recreational camps for children were licensed” box. All completed forms must be submitted to:

Massachusetts Department of Public Health
Bureau of Climate and Environmental Health
Community Sanitation Program
250 Washington Street, 7th Floor
Boston, MA 02108
celestine.payne@mass.gov

Board of Health/Health Department Information		
Address:	City:	Zip:
Contact Person:	Telephone #:	Email:
<input type="checkbox"/> No recreational camps for children were licensed		Date:

RECREATIONAL CAMP INFORMATION			
Camp Name:	Tel#:	Email:	
Owner's Name:	Director's Name:		
In-Season Address (No PO Boxes):	City:	Zip:	
Off-Season Address:	City:	State:	Zip:
Type of Camp:	<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports
	<input type="checkbox"/> Travel/Trip	<input type="checkbox"/> Primitive	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Medical Specialty		
# Staff per season:	# Volunteers per season:	# Campers per season:	
Health Care Consultant Name:	License/Registration #:		

Please use multiple copies of “page 2” below to report additional recreational camps.

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Keep a copy of the completed form(s) for your records. They may be used for reporting camp licensing activities next year.

RECREATIONAL CAMP INFORMATION			
Camp Name:	Tel#:	Email:	
Owner's Name:	Director's Name:		
In-Season Address (No PO Boxes):	City:	Zip:	
Off-Season Address:	City:	State:	Zip:
Type of Camp:	<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports
	<input type="checkbox"/> Travel/Trip	<input type="checkbox"/> Primitive	<input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Medical Specialty	
# Staff per season:	# Volunteers per season:	# Campers per season:	
Health Care Consultant Name:	License/Registration #:		
RECREATIONAL CAMP INFORMATION			
Camp Name:	Tel#:	Email:	
Owner's Name:	Director's Name:		
In-Season Address (No PO Boxes):	City:	Zip:	
Off-Season Address:	City:	State:	Zip:
Type of Camp:	<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports
	<input type="checkbox"/> Travel/Trip	<input type="checkbox"/> Primitive	<input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Medical Specialty	
# Staff per season:	# Volunteers per season:	# Campers per season:	
Health Care Consultant Name:	License/Registration #:		
RECREATIONAL CAMP INFORMATION			
Camp Name:	Tel#:	Email:	
Owner's Name:	Director's Name:		
In-Season Address (No PO Boxes):	City:	Zip:	
Off-Season Address:	City:	State:	Zip:
Type of Camp:	<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports
	<input type="checkbox"/> Travel/Trip	<input type="checkbox"/> Primitive	<input type="checkbox"/> Other (specify):
		<input type="checkbox"/> Medical Specialty	
# Staff per season:	# Volunteers per season:	# Campers per season:	
Health Care Consultant Name:	License/Registration #:		