



**NOTICE OF RECREATIONAL CAMP OPENING  
(For renters of an existing camp)**

**Instruction: This form is to be completed by the organization renting an existing recreational camp including all attachments and qualifications, and forwarded to the Medical Officer of Health at least 14 days prior to opening.**

**Notice is hereby made to Public Health Sudbury & Districts to operate a summer recreational camp.**

**Please attach any additional application information on a separate piece of paper.**

Please type or print All entries

Name of existing camp you are renting:		
Name of organization:		
Legal name:		
Chosen name (if different than legal name):		
Main contact mailing address:		
City:	Province:	Postal code:
Main contact phone number:	Main contact email address:	

Duration of camping season:	Start date (YYYY-MM-DD):	End date (YYYY-MM-DD):
Accommodation:	<input type="checkbox"/> Cabins <input type="radio"/> Permanent <input type="radio"/> Temporary	
	<input type="checkbox"/> Tents <input type="radio"/> Permanent <input type="radio"/> Temporary	
	<input type="checkbox"/> Other <input type="radio"/> Permanent <input type="radio"/> Temporary	Specify:

**Expected attendance for the camping season duration**

	Total Campers	Total Supervision staff
Children (12 and younger)		
Youth (13 and older)		
Special needs		
Adults		
<b>Total</b>		

**Maximum expected attendance at any one time**

	Total Campers	Total Supervision staff
Children (12 and younger)		
Youth (13 and older)		
Special needs		
Adults		
<b>Total</b>		

What are your minimum qualifications for your camp supervision staff?	
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<b>Main suppliers of food:</b> <b>(Note: All food receipts must be kept for one year.)</b>	
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**Certified food handlers**

Name on certificate / chosen name:	
Contact info:	
Name on certificate / chosen name:	
Contact info:	
Name on certificate / chosen name:	
Contact info:	
* Qualifications (please attach a copy to the form)	

**Physician (must be available)**

<input type="radio"/> In residence <input type="radio"/> On call
Name on qualification / chosen name:
Address:
Phone number:

**One of the following must be in residence at the site during operations:**

**Physician**

Name (as above) <input type="checkbox"/>	<b>OR</b> Name on qualification / chosen name:
Contact info:	

**Registered nurse**

Name on qualification / chosen name:
Contact info:

**First aid technician**

Name on qualification / chosen name:	
Contact info:	
* Qualifications (please attach a copy to the form)	

Infirmary on site? <input type="radio"/> Yes <input type="radio"/> No	
Number of beds:	Type of building:

**Is there a waterfront area or pool used for organized or unorganized aquatic activities?**

Yes  No

**If yes, the following information is required:**

**Waterfront director (required)**

Name on qualification / chosen name:

Contact info:

\* Qualifications  
(please attach a  
copy to the form)

**Aquatic supervisors (number required based on attendance)**

Name on qualification / chosen name:

Contact info:

\* Qualifications  
(please attach a  
copy to the form)

Name on qualification / chosen name:

Contact info:

\* Qualifications  
(please attach a  
copy to the form)

Name on qualification / chosen name:

Contact info:

\* Qualifications  
(please attach a  
copy to the form)

**All domestic animals susceptible to rabies are vaccinated at least 30 days before being brought into camp. Attach a copy of the certificate of immunization for each animal.**

Please note that you will be required to follow the Camp Safety Plan of the facility that you are renting. Please obtain a copy.

\_\_\_\_\_  
Signature of main contact

\_\_\_\_\_  
Date (YYYY-MM-DD)

To meet public health requirements, any personal information on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990; Smoke Free Ontario Act, S.O. 2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Healthy Menu Choices Act, 2015, S.O. 2015; Safe Drinking Water Act, 2002, S.O. 2002; Ontario Building Code Act, 1992, S.O. 1992; Funeral, Burial and Cremation Services Act, 2002, S.O. 2002; Environmental Protection Act, R.S.O. 1990; Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200, ext. 398.*