



NOTICE OF RECREATIONAL CAMP OPENING

Instruction: This form is to be signed by the camp owner or sponsor 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

Camp name:				
<input type="checkbox"/> New camp				
<input type="checkbox"/> Existing camp <input type="radio"/> Same location as last year <input type="radio"/> New location from last year				
Camp legal description				
District:		Municipality:		Township:
Lot No.:	Concession:	Parcel:	Plan No.:	Sublot:
Camp's physical address (911#):				
Camp's mailing address:				
City:		Province:		Postal code:
Camp phone number:		Camp fax number:		
Camp's owner or sponsor legal name:				
Camp's owner or sponsor chosen name if different than legal name:				
Owner's permanent address:				
City:		Province:		Postal code:
Owner's phone number:		Owner's fax number:		
Email:				

Do you rent out your camp to other groups or organizations?

If no, please proceed to the next section. If yes, please list their names and contact information below:

Dates being rented	Name of organization	Main contact name	Contact number	Responsibility for staff:		
				Owner	Renter	
				Waterfront supervision	<input type="checkbox"/>	<input type="checkbox"/>
				Certified food handler	<input type="checkbox"/>	<input type="checkbox"/>
				Medical/first aid staff	<input type="checkbox"/>	<input type="checkbox"/>
				Waterfront supervision	<input type="checkbox"/>	<input type="checkbox"/>
				Certified food handler	<input type="checkbox"/>	<input type="checkbox"/>
				Medical/first aid staff	<input type="checkbox"/>	<input type="checkbox"/>

Please note: Groups or organizations that are renting your facility must fill out and submit the application entitled, "Notice of Recreational Camp Opening (For renters of an existing camp)".

Duration of responsibility

Responsible camp director(s) legal name / chosen name (at camp during season)	Contact number	From (YYYY-MM-DD)	To (YYYY-MM-DD)

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		
Total		

Maximum expected attendance at any one time

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

What are your minimum qualifications for your camp supervision staff?	
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Potable water

Drinking water system number -- Required for all camps not on municipal water	
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Source

<input type="checkbox"/> Municipal	<input type="checkbox"/> Ground water - Dug well	<input type="checkbox"/> Ground water - Drilled well	<input type="checkbox"/> Surface water - Lake	<input type="checkbox"/> Surface water - Stream/River
<input type="checkbox"/> Surface water - Spring	<input type="checkbox"/> Other source (describe):			

Treatment (check all that apply)

<input type="checkbox"/> Filtration	<input type="checkbox"/> Chlorination	<input type="checkbox"/> Ultraviolet Light
<input type="checkbox"/> Other (List):		

Total washroom facilities: _____

- Attach a copy of a satisfactory water test taken less than 1 month before opening. This must be received by Public Health before camp will be allowed to open.
- Attach a copy of your Camp Safety Plan.
(Please note: any group or organization renting your facility must follow your Camp Safety Plan)

Main suppliers of food: Note: All food receipts must be kept for one year.	
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Certified food handlers	
Name on certification:	
Chosen name if different than legal name:	
Contact info:	
Name on certification:	
Chosen name if different than legal name:	
Contact info:	
Name on certification:	
Chosen name if different than legal 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 qualifications / 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"/>	OR Name on qualifications / chosen name:
Contact info:	

Registered nurse	
Name on qualifications / chosen name:	
Contact info:	

First aid technician	
Name on qualifications / chosen name:	
Contact info:	

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

* Qualifications (please attach a copy to the form)	
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Infirmery on site? <input type="radio"/> Yes <input type="radio"/> No

Number of beds:	Type of building:
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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 qualifications:

Chosen name if different than legal name:

Contact info:

* Qualifications
(please attach a
copy to the form)

Aquatic supervisors (number required based on attendance)

Name on qualifications:

Chosen name if different than legal name:

Contact info:

* Qualifications
(please attach a
copy to the form)

Name on qualifications:

Chosen name if different than legal name:

Contact info:

* Qualifications
(please attach a
copy to the form)

Name on qualifications:

Chosen name if different than legal 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.

Owner/Sponsor signature

Date (YYYY-MM-DD)

Location: _____

Please see next page.

Camp location sketch

This sketch is essential to our inspectors who may not know your camp location.

NORTH

Show campsite in relation to main highway. Show route numbers; mileages; lakes, rivers or landmarks. If possible, attach a portion of the official Ministry of Transport road map with the exact camp location marked on it.

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SOUTH

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.*