

Public Health Sudbury & Districts

Environmental Health Division 1300 Paris Street Sudbury, ON P3E 3A3 Telephone: 705.522.9200, ext. 398 - Fax: 705.677.9607

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:			
Main contact name:			
Main contact mailing address:			
City:	Provir	ice:	Postal code:
Main contact phone number:		Main contact email address:	

Duration of Campin	ng Season:	Start Date (YYYY-	MM-DD):		End Date (YYYY-MM-DD):	
Accommodation:	Cabins	O Permanent	O Temporary	5		
	Tents	O Permanent	○ Temporary			
	Other	O Permanent	○ Temporary	Specify:		

Expected Attendance for the Camping Season Duration

Can	npers	Supervision Staff	
Male	Female	Male	Female
andara			
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		Campers Male Female	

Maximum Expected Attendance at Any One Time

	Can	npers	Supervision Staff	
Туре	Male	Female	Male	Female
Children (12 and younger)				
Youth (13 and older)				
Special Needs				
Adults				
Total	9449 / 944 (977 / 1974 / 1974 / 1977 / 1974 / 1977 / 1974 / 1977 / 1974 / 1977 / 1974 / 1977 / 1974 / 1974 / 1	99999999999999999999999999999999999999		

What are your minimum qualifications for your camp supervision staff?	a a construction of

Nain Suppliers of Food:	
Note: All food receipts	
nust be kept for one /ear.)	
Certified Food Handlers	
Name:	
Contact info:	
Name:	
Contact info:	
Name:	
Contact info:	
* Qualifications	
(please attach a	
copy to the form)	
Physician (must be available)	
○ In residence ○ On call	
Name:	
Address:	
Phone Number:	
One of the following must be in residence at the site during op	erations:
Physician	
Name (as above) or:	
Contact info:	
Registered Nurse	
Name:	
Contact info:	
First Aid Technician	
Name:	
Contact info:	
* Qualifications	
(please attach a copy	
(please attach a copy)	
to the form)	

And the second secon	nt area or pool used for organized or unorganized aquatic activities?
🔿 Yes 🔿 No	
If yes, the following	g information is required:
Waterfront Directo	or (required)
Name:	
Contact info:	
* Qualifications (please attach a copy to the form)	
Aquatic Superviso	rs (number required based on attendance)
Name:	
Contact info:	
* Qualifications (please attach a copy to the form)	
Name:	
Contact info:	
* Qualifications (please attach a copy to the form)	
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. 1994/2017; Skin Cancer Prevention Act, 2013, S.O. 2013; Electronic Cigarettes 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.