



Simcoe Muskoka District Health Unit

Environmental Health Department

15 Sperling Drive

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NOTICE OF RECREATIONAL CAMP OPENING

Instruction: This form is to be signed by the camp owner or operator and forwarded to the Medical Officer of Health at least 14 days prior to opening to the following:

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 Physical Description							
Municipality:			Township:		Lot No.:	Concession:	
Camp's Mailing Address:				City:		Postal Code:	
Camp Phone Number:			Camp Fax Number:				
Camp email:			Camp website:				
Camp's Owner:							
Owner's Permanent Address:							
City:			Province:		Postal Code:		
Owner's Phone Number:			Owner's Fax Number:		Email:		
Duration of Responsibility							
Designated Camp Director/Operator (At Camp During Season)					From	To	
Full Name:		Phone Number:		Email:	(YYYY-MM-DD)	(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:			
Camp Session Dates		Max expected Attendance per camping session	Number of staff	Number of campers under 13 years or with special needs	Number of campers 13 years, but younger than 18	Number of Adult campers over 18 years old	Ratio of staff to campers
Opening (YYYY-MM-DD)	Closing (YYYY-MM-DD)						

Drinking Water		
Water Works # (Required for all camps not on municipal water)		
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 (Specify):		
Sample Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:		
<i>Attach a copy of the last water test taken 14 days before camp opens</i>		
<i>Attach a copy the Camp Safety Plan – must be received by the Public Health Inspector prior to camp opening</i>		
Number of current Certified Food Handlers: (must provide the Public Health Inspector a copy of the certificate at time of inspection)		
Pets/animals on site <input type="checkbox"/> Yes <input type="checkbox"/> No Current Rabies Vaccination <input type="checkbox"/> Yes <input type="checkbox"/> No Vaccination Date: Pets must have current vaccination at least 30 days before arrival in camp.		
Physicians (must be available)		
<input type="radio"/> In residence <input type="radio"/> On call Nearest Hospital:		
Name:		Phone Number:
Address:		
Registered Nurse Name(s):		
Contact info:		
First Aid Provider (Person with current First Aid Certificate – must be 18 years or older)		
Name(s):		
Contact info:		
* Qualifications (please attach a copy to the form)		
Waterfront		
Is there a waterfront area or pool used for organized or unorganized aquatic activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please specify: <input type="checkbox"/> Waterfront <input type="checkbox"/> Pool/Spa/Splashpad		
If Yes, the following information is required:		
Waterfront Director (required)		
Name:		Email:
Phone:		
* Qualifications (please attach a copy to the form)		
Aquatic Supervisors - Minimum age 15 Years with current lifeguard certificate (not more than 2 years old)		
Name (List all) :		
*Qualifications (please attach current Lifeguard Certificate (not more than 2 years old) for each aquatic supervisor		
Please attach additional names and information on separate sheet.		