

Simcoe Muskoka District Health Unit

Environmental Health Department
 15 Sperling Drive
 Barrie, ON L4M 6K9
 Telephone: 705-721-7520 Fax: 705-721-1495

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

PLEASE TYPE OR PRINT ALL ENTRIES

Camp Name:				
<input type="radio"/> New Camp <input type="radio"/> 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 Mailing Address:				
City/Town:		Province:		Postal Code:
Camp Phone Number:		Camp Fax Number:		
Camp Email:		Camp Website:		
Camp Owner's Name:			Owner's Email:	
Owner's Permanent Address:				
City/Town:		Province:		Postal Code:
Owner's Phone Number:		Owner's Fax Number:		
DURATION OF RESPONSIBILITY				
Designated Camp Director/Operator (at camp during season)				
Full Name	Phone Number	Email	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="radio"/> Cabins <input type="radio"/> Tents <input type="radio"/> Other	<input type="radio"/> Permanent <input type="radio"/> Permanent <input type="radio"/> Permanent	<input type="radio"/> Temporary <input type="radio"/> Temporary <input type="radio"/> Temporary	Specify:

DRINKING WATER

Water Works # (required for all camps not on municipal water):

Source
 Municipal
 Ground Water – Dug Well
 Ground Water – Drilled Well

 Surface Water – Lake
 Surface Water – Stream/River
 Surface Water – Spring
 Other Source (describe):**Treatment (check all that apply)**
 Filtration
 Chlorination
 Ultraviolet Light
 Other (specify):
Sample Frequency
 Weekly
 Bi-weekly
 Monthly
 Other (specify):
 Attach a copy of satisfactory water sample result(s) taken at least **7 days prior to opening** Attach a copy of the Camp Safety Plan – must be received by the Public Health Inspector **prior to opening****FOOD SAFETY****Number of Current Certified Food Handlers** (must provide the Public Health Inspector a copy of the certificate at time of inspection):**PETS / ANIMALS**Pets/Animals On-site: Yes NoCurrent Rabies Vaccination: Yes No

Vaccination Date (yyyy.mm.dd):

Pets must have current vaccination at least 30 days before arrival at camp.

MEDICAL STAFF**Physicians (must be available)** In Residence On-call Nearest Hospital:

Name:

Address:

City/Town:

Prov.:

Postal Code:

Phone Number:

Registered Nurse(s)

Name(s):

Contact Information:

First Aid Provider (person with current First Aid Certificate – must be 18 years or older)

Name(s):

Contact Information:

* Qualifications (please attach a copy to the form)

WATERFRONTIs there a waterfront area or pool used for organized or unorganized aquatic activities: Yes NoIf yes, please specify: Waterfront Pool / Spa / Splashpad**If yes, the following information is required:****Waterfront Director (required)**

Name:

Phone Number:

Email:

* Qualifications (please attach a copy to the form)

Aquatic Supervisors – Minimum Age is 15 Years with Current Lifeguard Certificate (not more than 2 years old)

Names (list all):

* **Qualifications (please attach current Lifeguard Certificate, no more than 2 years old, for each aquatic supervisor).****Please attach additional names and information on a separate sheet.**