

COMPLETION & RETURNING THIS FORM TO THE CANTON BOARD OF HEALTH OFFICE IS RESPECTFULLY REQUESTED. MAIL THIS COMPLETED DOCUMENT TO: CANTON BOARD OF HEALTH, 79 PLEASANT STREET, CANTON, MA AS SOON AS POSSIBLE. THANK YOU.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
 RECREATIONAL CAMPS FOR CHILDREN REPORTING FORM 2019

*Keep a copy of the completed form(s) for your records. They may be used for reporting camp licensing activities next year.*

CANTON Board of Health/Health Department Information			
Mailing Address: <b>79 Pleasant Street</b>	City: <b>Canton</b>	State: <b>MA</b>	Zip: <b>02021</b>
Contact Person(s):			
Diane J. White, Admin. Asst. Tele#: 781 821 5021 Email: <a href="mailto:dwhite@town.canton.ma.us">dwhite@town.canton.ma.us</a>			
John Ciccotelli, Director Tele# 781 821 5021 Email: <a href="mailto:jciccotelli@town.canton.ma.us">jciccotelli@town.canton.ma.us</a>			
Cindy Bonner, Public Health Nurse, Camp Inspector, Tele#: 781 821 2942 Email: <a href="mailto:cbonner@town.canton.ma.us">cbonner@town.canton.ma.us</a>			

RECREATIONAL CAMP INFORMATION			
CAMP Name:	Tel#:	Email:	
OWNERS Name:	DIRECTORS Name:		
IN-Season Address (No PO Boxes):	City:	Zip:	
OFF-Season Address:	City:	State:	Zip:
Type of Camp:	<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):
# Staff per season:	# Volunteers per season:	# Campers per season:	
Health Care Consultant Name:	License/Registration #:		

Completion & return of this document is an important part of the Camp Licensing process. Please provide the correct "Summer Address", "Camp Director's Name" and overall number for "Staff" "Volunteers" and "Campers". ADDITIONALLY we request that you also include the Name and License # of your Health Care Consultant (e.g. - MD/NP).