



RECREATIONAL CAMP PRE-OPENING NOTIFICATION

Name of Camp: _____ Date of Notification: _____

Camp Address: _____ Municipality: _____

Postal Code _____ Camp phone: _____

Email: _____ Website: _____

CAMP CONTACTS:

Owner of Camp: _____

Owner's Mailing Address: _____

Owner's Telephone Number: _____ Email: _____

Onsite Supervisor/Camp contact: _____ Phone: _____ Email: _____

Camp session information:

Duration of Camping Season: Opening Date: _____ Closing Date: _____

Maximum Expected Attendance per camping session:

Session Date	Number of staff	Number of campers Under 13yrs or with special needs	Number of campers 13yrs or older	Minimum ratio of staff to campers

Use separate attachment for additional sessions.

Water Front Lifeguard(s): Attach names and certificates (must be obtained within last 2 years)

Physician, Registered Nurse, or a person holding a current first aid certificate present during camp
 Name: _____ Certificate# (If applicable): _____

OR If Physician is not in residence:

Physician/Hospital Name on Call: _____ Phone: _____



Drinking Water System:

Drinking water source: _____ Water works #: _____

Treatment type (if applicable): _____

Attach Camp Safety Plan: Please review included Safety Plan requirements*

Ensure that the pre-opening notification is received by the health unit at least 14 days before the opening day of camp.

SIGNATURE: _____ **DATE:** _____

Please return form to the Community Health Protection Department of the Leeds, Grenville & Lanark District Health Unit

Community Health Protection Department

protection@healthunit.org

**LEEDS, GRENVILLE AND LANARK
DISTRICT HEALTH UNIT
25 Johnston St.
Smiths Falls ON K7A 0A4
FAX: 613-283-6017**

**LEEDS, GRENVILLE AND LANARK
DISTRICT HEALTH UNIT
458 Laurier Blvd.
Brockville ON K6V 7A3
FAX: 613-345-7148**