

# EAGLES/EDGE

EXPLORE. EXCEL. GROW.

## Family Handbook



**Summer 2023**

Updated May 2, 2023

**72 Spring Street, Danvers, MA, 01923**

**Phone: 978-774-1427**

[www.eaglesedgeprograms.org](http://www.eaglesedgeprograms.org)

[eaglesedge@stjohnsprep.org](mailto:eaglesedge@stjohnsprep.org)

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## Information At a Glance

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Office Email:	<a href="mailto:eaglesedge@stjohnsprep.org">eaglesedge@stjohnsprep.org</a>
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# GENERAL INFORMATION

## Program Organization

EAGLES/EDGE is the auxiliary program department of St. John's Prep in Danvers, MA. St. John's Prep is an inclusive, Catholic, Xaverian Brothers Sponsored School for young men in grades 6 through 12. Founded on the Xaverian values of compassion, humility, simplicity, trust and zeal, we educate students to be, do and stand for good in the world.

Ultimately, the Head of School and the Board of Trustees oversee all camps and programs run by EAGLES/EDGE.

The camp must comply with regulations of the [Massachusetts Department of Public Health](#) and be licensed by the [local board of health](#).

The camp's year round administration consists of the Director of Auxiliary Programs (**Mike Evans**), Assistant Director of Auxiliary Programs (**Laurel Grady**), and the Auxiliary Office Manager (**Jenny Doherty**).

The Director of Auxiliary Programs reports directly to the Chief Financial Operating Officer, **Jared Stanton**.

## 2023 Policies

All of our policies for summer 2023 can be found [here](#) on our website. These are the same policies that all families sign when registering their child(ren). These were updated and posted in December 2022.

## Cancellation/Refund Policy

Our cancellation/refund policy for summer 2023 can be found [here](#). We do not offer a refund for cancellations (including medical grounds) received 30 days prior to the start date of your child's camp/program. Please take a moment to review the following dates below:

<b>Program Start Date</b>	<b>30 Day Cancellation Date</b>
6/12/23	5/13/23
6/20/23	5/21/23
6/26/23	5/27/23
7/5/23	6/6/23
7/10/23	6/10/23

7/17/23	6/17/23
7/24/23	6/24/23
7/31/23	7/1/23
8/7/23	7/8/23
8/14/23	7/15/23

**No refunds/proration shall be made for a child that arrives late, leaves early, or attends only part of a session because of illness or injury, including Covid-19.**

**Communication with Camp**

Please contact the E/E Office at 978-774-1427 to notify us that your camper will be absent, late, or picked up early. If you have a question or concern, call or email [eaglesedge@stjohnsprep.org](mailto:eaglesedge@stjohnsprep.org). We are happy to speak with you regarding your child and the program.

**Please note:** We have limited access to phone/email over the weekend. The office is regularly staffed from 8am to 5pm during the week.

**In Case of Camp Closure, Local, or National Emergency**

You will receive an email from the E/E Office with instructions and information. Information will also be posted on the homepage of the EAGLES/EDGE website: <https://eaglesedgeprograms.org>

**Pick Up/Drop Off**

Drop off begins at 9am. Pick up begins at 4pm. Each program/camp will have a designated drop off/pick up location - please review the maps embedded ([click here](#)) in this handbook for more details.

If you are dropping off by car, your camper must remain in the car until a staff member checks your camper in and invites them to leave the vehicle. When picking up by car, please wait until a staff member checks your id and escorts your camper to the car.

If caregivers need to buckle campers in or visit the nurse/office- please pull into a parking space and allow the pickup line to move on unimpeded. Staff can help direct you.

**Please Note:** Some Academic/Enrichment programs start earlier than the bulk of our other camps/programs. Please follow the times listed on the communication about your specific program to ensure that you are not late.

Caregivers arriving outside of the two times above should head to the E/E Office located in Memorial Gym. If a camper is not picked up 15 minutes after their program ends, parents will be charged for Extended Day, which is billed weekly.

### **Early Pick Up**

Early pickups can be scheduled at noon or 2pm. Please be in contact with the camp staff **IN ADVANCE** of you picking up your child. Please email [eaglesedge@stjohnsprep.org](mailto:eaglesedge@stjohnsprep.org) or call 978-774-1427 to schedule your early pick up.

### **Early Morning/Extended Day**

Early Morning - Drop off starts at 8am in front of Memorial Gym. Last drop off is at 8:45am; after this time please enter the regular drop off line. Please pull into the loop and wait for a staff member to come to your car to check your camper in before letting them out of the car.

Extended Day - Pick up from Extended Day starts at 4:30pm in front of Memorial Gym, and the last pickup is at 5pm. There is a surcharge of \$25 for every 15 minutes after 5pm, starting at 5:01pm. Pull into the loop and a staff member will check your ID before helping your child to the car. Extended Day campers will get a small, allergy friendly, snack at the beginning of their program. If you need to pick up before 4:30pm please call the E/E Office at 978-774-1427.

**You must have registered and paid for Early Morning and Extended Day before using the service.**

### **Camper Name Badges**

Campers will be provided a name badge on their first day of camp. The name badge will be printed, placed in a see-through plastic holder and be attached to a camper's t-shirt. This will show the child's first name (in bold), last name, as well as basic information such as group name, and whether or not the child is registered in a transportation option and/or lunch option.

We will place a sticker, discreetly, on the name badge to allow easy identification of children who may need special assistance from a member of the Healthcare team (food allergy, etc). No medical information will be shared on the badge, but this will act as a reminder to staff and administrators that a child may need the nurse for medications, etc.

Name badges will allow EAGLES/EDGE staff to better account for children through the day, particularly before and after swim. Name badges will remain on campus unless your child takes the bus; in this case the bus monitor will collect badges as the camper exits the bus.

If for some reason your camper comes home with their nametag Monday through Thursday, please send it back with them next morning!

### **Authorized Pick Up**

Per our listed [Policies](#), we will not release a camper to an individual unless they are on your **authorized pickup list, and have a valid photo ID at the time of pick up**. Names can be added to this list at any time by going to the Family Information Form in your [CampBrain account](#). Please be sure all caregivers who are authorized to pick up are on this list, which includes camper parents.

### **Campus Traffic/Campus Map**

St. John's campus has two main roads that bisect - Summer Street, and Spring Street. In order to keep traffic flowing on these two roads we ask that you carefully follow the drop off routines for the camp/program that your child attends. If drop off locations are backed up, or your camper is having a hard time exiting the vehicle, you may be directed to return in a few minutes when traffic is lower.

**An interactive map of our campus including drop off locations for each group can be found [here](#). Please use this to help navigate to your appropriate location. This map is best used on a phone.**

### **Lunch**

Caregivers will be required to provide an appropriate **nut free** lunch, with beverage, each day. Please make sure to pack an ice pack in your child's lunch box, as refrigeration is not provided.

You may wish to order lunch at an additional cost - this can be done through your [CampBrain account](#). Those registered for lunch will receive a Google Doc link via email the Monday prior to the registered week. Please take a moment to review the menu with your camper and help them make their food choices for the week. If you have a question about allergens please look at the SAGE Dining Menu App - you can download this from the App Store, and choose "St. John's Preparatory School.

Campers who do not bring a lunch will be provided one, and families will be charged accordingly.

Camp staff encourage every camper to eat the food that is provided to them. Food that is not consumed will be sent home in the campers bag if possible.

### **Food Allergy Policy**

- We are a nut aware campus - no peanut and/or tree nut products are to be brought onto, or consumed on, campus. Campers who do bring a nut based product will be asked to keep it sealed so it can be safely consumed once off campus. A replacement will be provided.
- Parents/guardians of campers with life threatening allergies must provide us with emergency medications and a [written medical treatment protocol](#) for their child for addressing allergy related events. This information will be shared with EAGLES/EDGE staff that have contact with the child, but otherwise will be kept confidential.
- EAGLES/EDGE employees will ask campers to sanitize their hands regularly throughout the day, and we require that all staff and campers wash their hands before and immediately after eating.
- Families are asked **not** to send in snacks for sharing, even on special occasions such as birthdays/last days. EAGLES/EDGE will likely hand out a frozen treat once or twice during the summer involving the Healthcare team as necessary.

### **Camp Store**

EAGLES/EDGE will be beta testing a Camp Store option this summer. The store will be made available to campers in Soaring Eagles, Senior Eagles, CIT, Multisport U11, Multisport U15, Junior Coach, and Eagles Sports Clinics.

No cash should be brought to camp, caregivers can purchase store credit via their CampBrain account. The CampBrain Store allows us to track camper balances with ease. No campers will be allowed to have a negative balance on their account. Should a caregiver wish to have a full printout of their child's Camp Store purchases, please reach out to [eaglesedge@stjohnsprep.org](mailto:eaglesedge@stjohnsprep.org).

Camper balances equal to or greater than \$2.00 will be returned to the credit card on file at the end of the camp season. Balances less than \$2.00 will be donated to the 2024 campership fund.

Clinic athletes will have the opportunity to visit the store daily, around 10am. Camp Chris and Eagles Sports Camp campers will visit the store at scheduled intervals during the week. The store is located in the Wellness Center.

This year, we will only be offering a select number of snacks and drinks. A full inventory and price list can be found below.



<b>Snacks</b>		<b>Drinks</b>	
Hershey Bar	\$2.00	Gatorade 20 oz Fruit Punch	\$2.00
Kit Kat	\$2.00	Gatorade 20 oz Orange	\$2.00
Skittles	\$2.00	Gatorade 20 oz Blue Raz	\$2.00
Sour Patch Kids	\$2.00	Aquafina Water 20 oz	\$2.00
Swedish Fish	\$2.00	Dole Lemonade, 20 oz	\$2.00
Mini Donuts	\$2.00	Bubbly Plain, can	\$2.00
Cocoa Puff Cereal Bar	\$2.00	Bubbly Blackberry	\$2.00
Golden Graham Cereal Bar	\$2.00	Bubbly Lime	\$2.00
Cheez Its (3 oz)	\$2.00		
Jack Links Beef Stick (1 oz)	\$2.00		
Skinny Pop Popcorn (original)	\$2.00		
Pop Tarts - Strawberry, Chocolate Chip	\$2.00		
Pringles (original), 2.5 oz	\$2.00		
Rice Krispie Treats, 2.2 oz	\$2.00		
Snyders Mini Pretzels, 3.5 oz	\$2.00		

**Please Note: Selection may vary on a daily basis based on sales.**

### **Behavior Policy**

All members of the EAGLES/EDGE team are here to serve our campers. Compassion, respect, and understanding towards all campers are expected. All camp staff will refrain from any physical contact with our campers. Camp staff are viewed as role models towards our campers, and as such, lead by example.

We expect appropriate and safe behavior from our campers, understanding that all campers are at different stages of development and thus will require different approaches from our team. Unacceptable behavior includes, but is not limited to:

- |          |  |
|----------|--|
| Bullying | Harassment                               |
| Stealing | Vandalism                                |
| Swearing | Leaving campus/group without permission  |
| Fighting | Disregarding staff member's instructions |

Pushing/Shoving/Roughhousing

Belligerent/Disruptive Behavior

Teasing

If a camper has talked to a member of our administration team a behavior note/call will be provided to the parent/guardian. In the event that a camper's behavior threatens or endangers the safety or well-being of other campers or staff members, the E/E administrative team may suspend or permanently remove the camper from the EAGLES/EDGE program if a camper's behavior becomes extremely harmful to anyone. Please review our dismissal policy [here](#).

### **Parent/Guardian Request for Information**

Parents or guardians of enrolled campers may at any time in writing request copies of EAGLES/EDGE summer program staff background checks, EAGLES/EDGE summer programs health care policies and EAGLES/EDGE summer programs behavior policies. Requests for such information need to be sent to the Director of Auxiliary Programs.

### **Grievances**

Should a parent/guardian have a grievance with the EAGLES/EDGE summer program on any issue regarding the safety and well-being of a camper, a verbal communication should be made immediately to the Director of Auxiliary Programs. The grievance will be reviewed by the Director of Auxiliary Programs. Issues will be addressed with the appropriate individual(s) in a confidential manner. Follow-up written documentation must be submitted within ten days of the complainant's notification of the incident to the following:

### **EAGLES/EDGE - Grievances/Director of Auxiliary Programs**

St. John's Prep  
72 Spring Street  
Danvers, MA, 01923  
Telephone: 978-624-1470  
Email: [mevans@stjohnsprep.org](mailto:mevans@stjohnsprep.org)

If there is a grievance against the Director of Auxiliary Programs, verbal communication should be made immediately with the Chief Financial and Operations Office, followed up in writing within ten days to the following:

### **Chief Financial and Operations Officer**

St. John's Prep  
72 Spring Street  
Danvers, MA, 01923  
Email: [jstanton@stjohnsprep.org](mailto:jstanton@stjohnsprep.org)

## **BUS TRANSPORTATION**

**Bus transportation is offered to all families at an additional charge. If space is available, registration can be made at any time prior to the start of your session via your CampBrain account.**

**Campers may not ride the bus without being enrolled in this additional service.**

**Please call the E/E Office for availability.**

### **Bus Rules**

Please go over these rules with your camper prior to their first day of taking camp transportation:

- Campers must remain seated on the bus during the entire ride.
- All campers must keep their hands and feet to themselves.
- No eating on the bus at any time.

Please encourage your child to use the restroom at home. Our bus stops do not have a restroom, and campers will only have access to a facility when on campus.

Please do not drop campers off unless you have physically walked them to the bus and checked them in with the counselor. Once checked in, you can leave your camper on the bus.

It is important that you are on time for the bus drop off. The bus is on a schedule for other stops in order to arrive on camp at time. If your camper is not riding the bus please let the E/E Office know. They can be called at 978-774-1427.

Per our listed [Policies](#), we will not release a camper to an individual unless they are on your **authorized pickup list, and have a valid photo ID at the time of pick up**. Names can be added to this list at any time by going to the Family Information Form in your [CampBrain account](#). Please be sure all caregivers who are authorized to pick up are on this list, **INCLUDING CAMPER PARENTS**.

**Please take a moment to find the location of the bus stop in the town you registered for:**

<b>Town</b>	<b>Address of Bus Stop</b>
<b>Beverly</b>	<b>Shaw's Supermarket.</b> 71 Dodge Street, Beverly, MA, 01915 Click <a href="#">Here</a> on Your Phone
<b>Gloucester</b>	<b>Market Basket.</b> 101 Gloucester Crossing Rd, Gloucester, MA, 01930 Click <a href="#">Here</a> on Your Phone
<b>Lynnfield</b>	<b>Lynnfield Middle School.</b> 505 Main St, Lynnfield, MA, 01940. Click <a href="#">Here</a> on Your Phone
<b>Manchester-by-the-Sea</b>	<b>Manchester Athletic Club.</b> 8 Atwater Ave, Manchester-by-the-Sea, MA, 01944 Click <a href="#">Here</a> on Your Phone
<b>Marblehead</b>	<b>Marblehead High School.</b> 2 Humphrey St #1920, Marblehead, MA, 01945 Click <a href="#">Here</a> on Your Phone
<b>Melrose</b>	<b>Memorial Knoll across from Melrose High School.</b> School Address: 360 Lynn Fells Pkwy, Melrose, MA, 02176 Click <a href="#">Here</a> on Your Phone
<b>Reading</b>	<b>Birch Meadow School.</b> 27 Arthur B Lord Drive, Reading, MA, 01867 Click <a href="#">Here</a> on Your Phone
<b>Salem</b>	<b>O'Keefe Center Parking Lot at Salem State University.</b> Building Address: 225 Canal St, Salem, MA, 01970 Click <a href="#">Here</a> on Your Phone
<b>Swampscott</b>	<b>Tennis Court Parking Lot at Swampscott Middle School.</b> School Address - 207 Forest Ave, Swampscott, MA, 01907 Click <a href="#">Here</a> on Your Phone
<b>Wakefield</b>	<b>Gertrude Spaulding Park Parking Lot.</b> Quannapowitt Pkwy & Lowell St, Wakefield, MA, 01880 (diagonal from Gingerbread Construction Co.) Click <a href="#">Here</a> on Your Phone

# WHAT TO BRING TO CAMP

Items brought to camp should be in a backpack or duffle bag for easy carrying and keeping all belongings together. Where possible it is recommended that families label **every item** with first and last names that your camper brings to camp.

EAGLES/EDGE are not responsible for lost or stolen items.

## **Adventure Ready Clothing:**

- **Closed Toed Shoes - No flip flops or open toed sandals.**
- **Comfortable clothing and spare items in backpack if deemed necessary.**
- **Rain Jacket (no umbrellas)**

## **Lunch & Snack**

**EAGLES/EDGE does not provide snack food during the typical camp day (9am-4pm).** Families should pack a **nut-free snack** to consume at snack time (this includes those who order lunch).

Please make sure to pack an ice pack in your child's lunch box every day, as refrigeration is not provided. You may wish to order lunch at an additional cost - this can be done through your [CampBrain account](#). Please see the Allergy Policy to ensure campers have access to a suitable and safe lunch and snack.

## **Water bottle**

Please bring a **labeled** water bottle to camp each day. There are ample opportunities to refill bottles throughout the day at numerous water filling stations that are located at all activity areas. Campers who forget to bring a bottle will be supplied with disposable paper cups to ensure they remain hydrated.

## **Sunscreen/Sunglasses/Sun Hat**

Please apply sunscreen liberally to your camper before arrival. Campers will re-apply throughout the day **using their own product**. Staff are not allowed to apply sunscreen to children, but will help coach campers through the process. Campers should also wear a hat or sunglasses to protect their face/eyes from the sun.

## **Camp Chris & Exploration Camps**

Campers should wear Shorts, T-shirts, and sneakers. Clothing cannot have inappropriate language, be offensive, advertise alcohol or tobacco products, clothing should not be a distraction to other campers.

## **Eagles Sports Camps/Clinics**

Campers should wear shorts, T-shirts, and sneakers. Clothing cannot have inappropriate language, be offensive, advertise alcohol or tobacco products, nor should it be a distraction to other campers. Bring rain gear if it is raining. If bringing personal sports equipment, please mark the equipment with the camper's name (first and last). All equipment may be cleared by the coaches for suitable use on the first day of camp. Cleats may be worn on turf fields, but cannot be worn indoors. Separate emails will be sent to families regarding individual clinics equipment and needs.

Campers attending Camp Chris, Exploration Camps, and Eagles Sports Camps should also bring the following:

- **Towel.**
- **Swimsuit**
- If your camper usually uses assistance to swim, and you own the PFD that they swim with, **please label it and send it along for the week.** We recommend the [Puddle Jumpers](#) style swim support. We cannot accept inflatable support, like arm swimmies.
- Younger campers (grade 1 and lower) should bring a **full change of clothes** (shorts/shirt/underwear/socks) in case they need to change.

## **Academic/Enrichment Programs**

Clothing cannot have inappropriate language, be offensive, advertise alcohol or tobacco products, nor should it be a distraction to other campers. Bring a sweatshirt as classrooms are air conditioned and it can be much cooler inside. Personal computers or iPads may be required for particular courses. Separate emails will be sent to families regarding individual programs' equipment and needs.

## **What to Leave at Home**

**Please DO NOT send toys, electronics of any type (including smart watches), phones, cameras, candy, Pokemon cards etc.** Items brought from home may be lost, damaged or misplaced; EAGLES/EDGE will not be liable for any lost or damaged items.

Pocket knives, weapons, drugs, and alcohol are not permitted on camp property. This includes squirt guns and other toy weapons. Such equipment will be confiscated if found and returned to a parent/guardian at the end of the day.

Explicit apparel that is offensive, discriminatory, or suggestive is not permitted. Campers coming onto campus with such apparel will be asked to change or reverse the item of clothing in question.

### **Swim Equipment**

We do not allow goggles that cover the nose. If there is a medical reason for over-nose goggles please inform the Aquatics Staff. Additionally, no snorkels are allowed in the pool.

## **Lost and Found**

We maintain lost and found at the E/E Office in Memorial Gym. If possible, items are washed and placed on the cart for one week, and then bagged up and stored until the end of the summer. If not collected by the end of the summer (4pm August 18, 2023), they are donated.

Families may visit the Lost and Found from 8:30am- 4:30pm. Visitors to the E/E Office must park in the Spring Street parking lot and walk to the E/E Office in Memorial Gym. The very best way to ensure that your camper's belongings are returned to you is to be sure that **EVERYTHING** is labeled clearly and securely.

# HEALTH CARE INFORMATION

## Medical Concerns

In accordance with the state regulations, EAGLES/EDGE Summer programs has a Healthcare Consultant who oversees our health care policies and is available for consultation. Since our consultant is not on campus, we have two Registered Nurses present daily from 8:45am-4:15pm. The senior nurse serves as our Health Care Supervisor. The Nurse's office is located in Memorial Gym, in the center of the campus. To access the Health Care Supervisor please call the E/E Office to be connected to the nurse.

The Healthcare team tends to all campers' and staff members' health care needs, including administering medications. They maintain a medical log of all camper and staff health complaints and treatments. In addition, all camp staff management must be certified in First Aid, CPR, and Concussion Awareness.

## Health History, Physical Forms, Immunizations

All health forms must be on file at the beginning of camp. It is a violation of state regulations to have any camper engaging in activities at camp without the proper health information on file. Please be sure your camper's information is complete and up to date. **Please note - if your son attends SJP during the school year we will not have access to that information and require a complete profile on our camp registration.** Campers involved in sports camps are required to have a physical within 18 months preceding the last day of camp as well as a Camper Health History to be completed by the parent/guardian online. Campers enrolled in Academic/Enrichment programs must have a Camper Health History on file, which is completed online.

In accordance with [105CMR: 30.152](#) all campers and full time staff need to provide written documentation of recent immunizations in accordance with the most current recommendations from the CDC. For staff and children under the age of 18, this includes:

<b>Hep B</b>	Hepatitis B	<b>VAR</b>	Varicella (Chicken Pox)
<b>DTaP, Tdap</b>	Diphtheria, Tetanus	<b>MMR</b>	Measles, Mumps, Rubella
<b>Polio</b>	Polio		

State guidance for immunization requirements for Massachusetts camps can be found [here](#).



## **Medications**

We follow the regulation set by the state of Massachusetts. Please remember that campers cannot carry medication at camp with the exception of epi-pens, and our Health Care Supervisor must know about these. If your child needs any medication during the camp day, you must complete the Medication Form that is available on your CampBrain account and plan to speak to the Health Care Supervisor **the week prior to your child's first week of camp**. The consent form must be signed by the parent or guardian for our staff to administer medication. **ALL MEDICATIONS MUST BE IN THE ORIGINAL PHARMACY CONTAINER**. All medications at camp must be brought to the E/E Office the week prior to camp, or handed to the nurse or counselor on the first day of camp. No medications can be in a camper's backpack, this includes over the counter medications as well as prescription medications.

## **Tripping**

If your child requires lunch time or afternoon meds when on a trip, a member of the Healthcare team will make arrangements with the parent/guardian to obtain permission for the tripping counselor to administer the medications to the camper. Medications will be placed in a key envelope, signed and dated (including times to be administered) by the Healthcare team and then sent with the tripping counselor and given at the time disclosed. If a parent does not agree to this, then the child will either not go on the trip or not be given the medication. The Healthcare team does not travel with the tripping programs.

This pertains to oral medications only. Epipens and inhalers are always sent with the tripping counselors.

## **Phone Numbers and Emergency Contacts**

Please make sure that we have correct phone numbers on file for the entire time your child is at camp. Children who become ill during the camp day need to be picked up within two (2) hours of contacting the parent/guardian. Although they are infrequent, emergencies do happen. We want to be able to reach you so that you are available for your child. The Health Care Supervisor will call parents/guardians immediately following initial care of a camper, when the camper requests that we call, or when they determine that the camper should not return to the group in order to receive further medical attention or for other health reasons.

## **Illness/Injury**

Families are not to send their child to camp if they are sick or contagious. If a child becomes sick during camp, the child will be isolated, a parent/guardian or emergency contacts will be called immediately to come and pick up the child. **Campers must be picked up within two (2) hours of contacting the parent/guardian**. Please note, delaying pick up reduces our ability to perform health care services to other campers. Campers are asked to be kept at

home from camp until they have had a full 24 hours of being symptom free, or have met [Covid guidance](#).

While not all ailments are COVID related, please do not send your camper to camp if they don't feel good or are experiencing the following symptoms:

- Fever of 100.4 degrees F or higher (children should be fever-free, and without medication for 24 hours before returning to camp).
- [Flu-like symptoms](#).
- Sore throat, particularly with swollen glands.
- Vomiting or diarrhea within 24 hours prior to the start of the camp day.
- [Cold-like symptoms](#), such as repeated coughing or sneezing, which are likely to spread infection.
- Significant headache, stomach ache, or chest pain.
- Obvious infections such as [Chicken Pox](#) (all lesions should be crusted over before returning to camp).
- Contagious skin diseases such as [Impetigo](#).
- Contagious illness such as [Strep Throat](#).
- Any illness where a child is unable to participate fully in camp activities.

**NOTE: Children placed on antibiotics should be on them for 24 hours before returning to camp.**

### **Communication From Camp**

Because we remain focused on the health and safety of all campers, we try to limit the time we spend on the phone contacting parents about incidental health needs of campers, such as a stubbed toe or scraped knee. If the needs of your child require more care than our Health Care Supervisor can provide, we will contact you. Expect a follow up about anything of concern by the nursing staff via email, or a scheduled phone call the next day. Parents and guardians are encouraged to reach out if they have any questions or concerns.

### **Sunscreen**

Please apply sunscreen liberally to your camper before leaving home every morning, even if it looks like rain. Sunscreen application should become a routine for camp. We make a point to have campers re-apply throughout the day. Waterproof and sweat proof sunscreens work well for a busy camp day. Look for products that screen-out both [UVA and UVB rays](#). Most pediatricians recommend an SPF of 30 or higher. We have found that sunscreen sticks work well for the face, especially around the eyes. Please send your camper with a bottle of sunscreen labeled with their name.

**Bug Spray**

In general our campus is not prone to bugs over the summer. If you would like to apply bug spray to your camper prior to camp, please feel free to do so. We do not apply bug spray on campus.

**COVID-19**

E/E Summer Programs will be following the state guidance for [Children in a Recreational Camp Setting](#).



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Infectious Disease and Laboratory Sciences  
305 South Street, Jamaica Plain, MA 02130

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Governor  
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Lieutenant Governor

Immunization Division  
Tel: (617) 983-6800  
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Secretary  
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Commissioner  
Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

**To:** Camp Directors  
**From:** Pejman Talebian, MA, MPH, Director, Immunization Division  
**Date:** March 2022  
**Subject:** Required Immunizations for Children Attending Camp and Camp Staff

---

Vaccination is critically important to control the spread of vaccine-preventable disease. In 2017, a single case of mumps at a summer camp in Massachusetts resulted in isolation of ill individuals, vaccination of those without evidence of two doses of MMR vaccine at several camps, and quarantine of those who did not have evidence of immunity to mumps and who could not get vaccinated. International staff and campers with missing or incomplete vaccination records made rapid implementation of disease control measures very challenging.

#### Required Vaccines:

Minimum Standards for Recreational Camps for Children, 105 CMR 430.152, has been updated. Immunization requirements for children attending camp follow the Massachusetts school immunization requirements, as outlined in the [Massachusetts School Immunization Requirements](#) table, which reflects the newest requirement: meningococcal vaccine (MenACWY) for students entering grades 7 and 11 (on or after the 16<sup>th</sup> birthday, in the latter case; see the tables that follow for further details). Children should meet the immunization requirements for the grade they will enter in the school year following their camp session. Children attending camp who are not yet school aged should follow the Childcare/Preschool immunization requirements included on the School Immunization Requirements table.

Campers, staff and volunteers who are 18 years of age and older should follow the immunizations outlined in the document, [Adult Occupational Immunizations](#).

The following page includes portions of the Massachusetts School Immunization Requirements table and Adult Occupational Immunizations table relevant for camps.

If you have any questions about vaccines, immunization recommendations, or suspect or confirmed cases of disease, please contact the MDPH Immunization Program at 888-658-2850 or 617-983-6800. Address questions about enforcement with your legal counsel; enforcement of requirements is at the local level.

## Grades Kindergarten – 6

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	<b>5 doses;</b> 4 doses are acceptable if the 4 <sup>th</sup> dose is given on or after the 4 <sup>th</sup> birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP.
Polio	<b>4 doses;</b> 4 <sup>th</sup> dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a 5 <sup>th</sup> dose is required. 3 doses are acceptable if the 3 <sup>rd</sup> dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose.
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given ≥28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and 2 <sup>nd</sup> dose must be given ≥28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## Grades 7 – 12

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	<b>1 dose;</b> and history of DTaP primary series or <u>age appropriate</u> catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since Tdap.
Polio	<b>4 doses;</b> 4 <sup>th</sup> dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a 5 <sup>th</sup> dose is required. 3 doses are acceptable if the 3 <sup>rd</sup> dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose.
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable. 2 doses of <del>Hepilisav</del> Hepatitis B given on or after 18 years of age are acceptable.
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and 2 <sup>nd</sup> dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
<del>MenACWY</del> (formerly MCV4)	<b>Grades 7: 1 dose;</b> <del>MenACWY</del> required. <b>Grades 11: 2 doses;</b> 2 <sup>nd</sup> dose <del>MenACWY</del> must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

## Campers, staff and volunteers 18 years of age and older

MMR	<b>2 doses,</b> anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born in the U.S. before 1957 is considered immune. Laboratory evidence of immunity to measles, mumps and rubella is acceptable
Varicella	<b>2 doses,</b> anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable
Tdap	<b>1 dose;</b> and history of DTaP primary series or <u>age appropriate</u> catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥ 10 years since Tdap
Hepatitis B	<b>3 doses (or 2 doses of <del>Hepilisav</del> Hepatitis B) for staff whose responsibilities include first aid;</b> laboratory evidence of immunity is acceptable

\*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Environmental Health  
Community Sanitation Program  
250 Washington Street, Boston, MA 02108-4619  
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**Advisory regarding the Parent/Guardian Authorization to Administer Medication to a Camper**

CONTACTS: Steven F. Hughes, Director (617) 624-5757, or  
David T. Williams, Senior Analyst (781) 774-6612

RE: Clarification of Recreational Camp document titled: Authorization to Administer Medication to a Camper (completed by parent/guardian)

DATE: March 29, 2018

Dear Parent/Guardian,

If your child may require any medication during their time at camp, Massachusetts regulations require the camp to follow certain procedures to ensure minimum safety requirements are met (105 CMR 430.000: *Minimum Standards for Recreational Camps for Children* (State Sanitary Code, Chapter IV)). The attached consent form gives the camp permission to store and administer medication to the camper by certain trained camp staff. The criteria below explain the requirements for those medications and the procedures the camp must follow. It is important for you to carefully review these criteria and discuss any specific questions with camp staff.

- **If providing prescription medications for the camp to administer to your child, please complete the attached form "Authorization to Administer Medication to a Camper" completely.**
  - Specify "NA" – Not Applicable, where appropriate.
  - Be sure to sign the form.
- **Medication that will be administered at camp must be provided by the parent/guardian to the camp in the original container(s) bearing the pharmacy label with the following information:**
  - the date of filling
  - the pharmacy name and address
  - the filling pharmacist's initials
  - the serial number of the prescription
  - the name of the patient
  - the name of the prescribing practitioner
  - the name of the prescribed medication
  - directions for use and cautionary statements contained in such prescription or required by law
  - if tablets or capsules, the number in the container
  - All over-the-counter medications must be kept in the original containers containing the original label, which shall include the directions for use

<sup>1</sup> There is an exception for epinephrine auto injectors, where other trained employees may administer with parent/guardian consent.

- **Medications must be stored at camp in a secure location.**
- **When camp session ends, all remaining medications must be returned to the parent or guardian whenever possible or destroyed.**
- **Prescription medication may only be administered by the camp's Health Care Consultant (HCC) or designated Health Care Supervisor (HCS)<sup>1</sup>**
  - The Health Care Consultant is a licensed health care professional authorized to administer prescription medications, but may not be required to be on-site at all times
  - The Health Care Supervisor may or may not be a licensed health care professional authorized to administer prescription medications. If they are not a licensed health care professional, they must be trained by the Health Care Consultant and the administration of medications must be under the professional oversight of the Health Care Consultant. A Health Care Supervisor must be on-site at all times the camp is operating.
- **If your child is insulin dependent, you may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration, and a Health Care Supervisor will need to be present to oversee self-administration. There are boxes in the attached forms where you can confirm or deny this permission.**
- **If your child has an allergy requiring an epinephrine prescription (epinephrine auto injector):**
  - You may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration.
  - You may consent to trained employees, other than the HCC or HCS, administering the epinephrine auto injector during an emergency.
- Every camp must have a written policy for the administration of medications that identifies the individuals who will administer medications, as well as storage and record keeping procedures. You may ask the camp for a copy of their policy.

# CONCUSSION FACT SHEET FOR PARENTS



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

### SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

### SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes





## DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **SEEK MEDICAL ATTENTION RIGHT AWAY**  
A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
2. **KEEP YOUR CHILD OUT OF PLAY.**  
Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.**  
Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

## HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



## ST. JOHN'S PREP

Summer 2023

Dear EAGLES/EDGE Families:

In accordance with M.G.L., C.111, s.219 and 105 CMR 430.157C, "Information regarding Meningococcal Disease and Immunization," the Massachusetts Department of Public Health, Division of Epidemiology and Immunization, has developed the Question and Answer Fact Sheet found on the next page.

The Massachusetts Department of Public Health, in conjunction with all local Boards of Health, has required that "All Recreational Camp Operators **must** annually distribute a copy of this material to all parents and guardians of camp attendees."

Should you have any questions or concerns you may contact me at the EAGLES/EDGE office at 978-624-1470 or email me at [mevans@stjohnsprep.org](mailto:mevans@stjohnsprep.org).

Sincerely,

Mike Evans  
Director of Auxiliary Programs  
St. John's Prep

St. John's  
Preparatory School  
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A Xaverian Brothers sponsored secondary school for young men

## Meningococcal Disease and Camp Attendees: Commonly Asked Questions

### **What is meningococcal disease?**

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease can include fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes.

### **How is meningococcal disease spread?**

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

### **Who is most at risk for getting meningococcal disease?**

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

### **Are camp attendees at increased risk for meningococcal disease?**

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

### **Is there a vaccine against meningococcal disease?**

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

### **Should my child or adolescent receive meningococcal vaccine?**

That depends. Meningococcal conjugate vaccine (Menactra and Menveo) is routinely recommended at age 11-12 years with a booster at age 16. In addition, this vaccine may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

### **How can I protect my child or adolescent from getting meningococcal disease?**

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningitis.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at [www.mass.gov/dph](http://www.mass.gov/dph).

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219 and 105 CMR 430.157(C).  
Massachusetts Department of Public Health, Division of Epidemiology and Immunization, 305 South Street, Jamaica Plain, MA 02130 Updated March 2018

# Information About Recreational Camps in Massachusetts: Questions and Answers for Parents



## **WHAT IS A RECREATIONAL CAMP FOR CHILDREN?**

A recreational camp for children is a day or residential (overnight) sports, travel, or wilderness program that offers recreational activities and instruction to campers. Such camps have five or more children and typically operate anytime between June 1 and September 30 and/or during school vacations. Please note that there are certain factors, such as length of time the camp is in session and type of entity operating a program, that influence whether a program is considered a recreational camp under applicable Massachusetts law (G.L.c. 111, 127A) and mandated regulations (105 CMR 430.000 et. seq.: Minimum Sanitation and Safety Standards for Recreational Camps for Children). For further information on licensed recreational camps for children, contact the local board of health in the community where the camp is located.

## **DO RECREATIONAL CAMPS FOR CHILDREN HAVE TO BE LICENSED?**

Yes. In Massachusetts, recreational camps for children must be inspected and licensed by the local board of health in the city or town where the camp is located. In order to be licensed,

the camp must meet all regulatory standards established by the Massachusetts Department of Public Health (MDPH) and any additional local requirements.

## **ARE ALL SUMMER PROGRAMS LICENSED AS RECREATIONAL CAMPS FOR CHILDREN?**

No. There are certain regulatory requirements that a camp program must meet to be licensed as a recreational camp for children. The definition of a recreational camp for children and specific provisions for its licensure are found in regulations at 105 CMR 430.000. Programs that do not meet the legal definition of a recreational camp for children are not subject to MDPH's regulatory provisions and therefore may not follow the mandatory requirements that apply to licensed recreational camps for children including:

- performing criminal record background checks on each staff person and volunteer prior to employment;
- requiring proof of camper and staff immunizations;
- requiring proof of appropriate training, certification, or experience for staff conducting or supervising specialized or high risk activities.

In addition, neither MDPH nor a local board of health conducts on-site inspections of facilities that are not considered recreational camps for children.

To see if a camp is licensed, contact the local health department (board) in the community where the program is located.

**WHAT IS THE PURPOSE OF THE REGULATIONS?**

The regulations establish minimum health, safety, sanitary, and housing standards to protect the well-being of children who are in the care of recreational camps for children in Massachusetts.

**WHERE CAN I GET INFORMATION ON THE STATUS OF A RECREATIONAL CAMP'S LICENSE?**

The local health department/board in the community where the camp is located can confirm if the camp is a licensed recreational camp for children, confirm the status of the camp's license, and provide a copy of the camp's most recent inspection report.

**WHAT DOES THE LOCAL HEALTH DEPARTMENT/BOARD EVALUATE AS PART OF A CAMP INSPECTION?**

The primary purpose of the inspection is to ensure that the camp provides an appropriate environment to protect the health, safety, and well-being of the campers. Inspectors look to see that the camp has, for example: safe structures and equipment; adequate sanitary facilities; sufficient supervision of the campers; appropriate plans in case of medical emergencies, natural, and other physical disasters; sufficient health care coverage; and injury and fire prevention plans. Contact the local health department/board of the community in which the camp is located to find out mandatory requirements, policies, and standards.

**ARE RECREATIONAL CAMPS REQUIRED TO PROVIDE COPIES OF OPERATING PLANS AND PROCEDURES?**

Yes. You may ask a camp representative to let you see copies of any of the required plans and procedures.

**ARE THERE MINIMUM QUALIFICATIONS FOR CAMP COUNSELORS IN MASSACHUSETTS?**

Yes. All counselors are required to have at least four weeks experience in a supervisory role with children or four weeks experience with group camping. Counselors must also complete an orientation program before

campers arrive at camp. Any counselor who supervises children in activities such as horseback riding, hiking, swimming, and other events must also have appropriate specialized training, certification, and experience in the activity. You may ask to see proof that a counselor is certified in a particular activity.

**IS THE CAMP REQUIRED TO CONDUCT BACKGROUND CHECKS ON CAMP STAFF?**

Yes. For all camp staff and volunteers, the recreational camp for children must conduct a background check that includes obtaining and reviewing the applicant's previous work history and confirming three positive references. The camp must also obtain a Criminal Offender Record Information (CORI) history/juvenile record history from the Massachusetts Department of Criminal Justice Information Services to determine whether the applicant has a juvenile record or has committed a crime that would prevent the applicant from being with campers. The local health department/board will verify that CORI checks have been conducted during their annual licensing inspection. Where an applicant resides in another state or in a foreign jurisdiction, where practicable, the camp must also obtain from the applicant's criminal information system board, the chief of police, or other relevant authority a criminal record check or its recognized equivalent. The camp is required to hire staff and volunteers whose backgrounds are free of conduct that bears adversely upon his or her ability to provide for the safety and well-being of the campers.

**IS THE CAMP REQUIRED TO CHECK STAFF AND VOLUNTEER BACKGROUNDS FOR A HISTORY OF SEXUAL OFFENSES?**

Yes. The operator of the camp must obtain a Sex Offender Registry Information (SORI) report from the Massachusetts Sex Offender Registry Board (SORB) for all prospective camp staff, including any volunteers. The Sex Offender Registry Board is a public safety agency responsible for protecting the public from sex offenders. The local health department/board will verify that SORI checks have been conducted during their annual licensing inspection. For more information

concerning the Sex Offender Registry Board, and SORI information and policies available to the public, visit the SORB website at [www.mass.gov/sorb](http://www.mass.gov/sorb).

**HOW CAN I BE SURE THAT SUCH BACKGROUND CHECKS HAVE BEEN CONDUCTED?**

You can request a copy of the camp's written policy on staff background checks from the camp director. Please note, however, that you are not authorized to review the staff person's actual CORI and SORI report.

**HOW OLD DO CAMP COUNSELORS HAVE TO BE?**

There are different age requirements depending on the type of camp. A counselor working at a licensed residential (overnight), sports, travel, trip, or special needs camp must be 18 years of age or have graduated from high school. Counselors working at a day camp must be at least 16 years of age. All counselors at licensed camps in Massachusetts are required to be at least three years older than the campers they supervise.

**IS THE CAMP REQUIRED TO HAVE A PERSON ON-SITE WHO KNOWS FIRST AID AND CPR?**

Yes. All licensed camps are required to have a health supervisor at the camp at all times who is at least 18 years of age and is currently certified in first aid and CPR. The camp must provide backup for the health care supervisor from a Massachusetts licensed physician, physician assistant, or nurse practitioner who serves as a health care consultant. Special needs camps and residential camps where there are a large number of campers and staff must have a licensed health care provider, such as a physician or nurse, on site.

**HOW CAN I COORDINATE MY CHILD'S MEDICATION ADMINISTRATION WHILE AT A RECREATIONAL CAMP?**

Licensed camps are required to keep all medications in their original containers and to store all prescription medications in a locked cabinet. If your child will be participating in off-site activities while taking prescription medication, a second original pharmacy

container must be provided to the camp. The only individual authorized to give your child his/her medication is a licensed health care professional or the camp health supervisor with oversight by the camp health care consultant. (Note that other arrangements may be made for emergency medications such as epi-pens and inhalers.) When your child returns from camp, the medication must be returned to you, if possible, or destroyed.

**CAN A CAMP DISCIPLINE MY CHILD?**

Yes. Camps are required to have a written disciplinary policy that explains their methods of appropriate discipline, e.g. 'time-out' from activities, sending a child to the camp director's office, etc. Under no circumstances, however, may a camper be subjected to corporal punishment, such as spanking, or be punished by withholding food or subjecting a camper to verbal abuse or humiliation.

**WHAT STEPS DOES A CAMP HAVE TO TAKE TO PROTECT MY CHILD FROM ABUSE AND NEGLECT?**

Public Health Regulation 105 CMR 430.000 requires all camps to have policies and procedures in place to protect campers from abuse and neglect while at camp. You may ask a camp representative for specific information on the camp's policies, as well as its procedures for reporting a suspected incident. In order to protect your child from possible abuse, you should talk openly and frequently with your child about how to stay safe around adults and other children.

**WHERE CAN I GET MORE INFORMATION ON ABUSE/NEGLECT?**

For guidance on abuse prevention and counseling regarding a possible abuse situation, contact the Massachusetts Department of Children and Families (DCF) Child-At-Risk Hotline at 1-800-792-5200 or the Massachusetts Child Sexual Abuse Prevention Partnership at [www.masskids.org](http://www.masskids.org) or 617-742-8555 ext.1

**WHAT STEPS CAN A CAMP (AND PARENTS) TAKE TO HELP PROTECT CHILDREN FROM MOSQUITO- AND TICKBORNE DISEASE SUCH AS EASTERN**

# EAGLES/EDGE

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GROW.

## Our Mission

EAGLES/EDGE is the Auxiliary Department of St. John's Prep, providing programming for children and teenagers to explore new interests, excel in their chosen activities, and grow both as individuals and members of an inclusive community.

EAGLES/EDGE programs are open to *all* girls and boys aged 4 to 18, whether they are affiliated to St. John's or not. All are welcome!

