



Summer@BC High

Family Handbook

Summer at BC High must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Boston Inspectional Services Department's Division of Health Inspections. Under the authority of M.G.L. c. 111 SS 3 and 127A, the regulations at 105 CMR430.000: MINIMUM STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN (State Sanitary Code, Chapter IV) were adopted to ensure minimum housing, health, safety, and sanitary protection for children in the care of recreational camps operating in the Commonwealth.

GENERAL INFORMATION

WELCOME: Welcome to Summer at BC High! Now that your child is enrolled, please take a few moments to read this Parent Handbook. It contains important information that will help make your child's experience be an excellent one!

LISENCING INFORMATION: Boston College High School's Summer Program must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Boston Inspectional Services Department's Division of Health Inspections. Under the authority of M.G.L. c. 111, §§ 3 and 127A, the regulations at 105 CMR 430.000: MINIMUM STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN (State Sanitary Code, Chapter IV)

were adopted to ensure minimum housing, health, safety and sanitary protection for children in the care of recreational camps operating in the Commonwealth.

OUR CAMP PHILOSOPHY: The 40-acre campus of Boston College High School is a natural setting for our Summer Program. Through innovative curriculum and activities led by our caring and experienced staff, our programs will help participants to explore individual talents, build new friendships, grow personally, and have fun in a safe and supportive environment.

COMMUNICATION WITH CAMP: Please contact the camp office at 617-474-5181 to notify us in the event that your camper will be absent, late to camp or picked up early. If your camper is not present and we have not received a phone call or note regarding his or her absence, we will contact you by 10:00AM. If you have a question or concern, call or email summer@bchigh.edu as we are happy to speak with you regarding your child and the program.

IN CASE OF CAMP CLOSURE, LOCAL OR NATIONAL EMERGENCY: You will receive an automated call or an email from camp with instructions and information. Information will also be posted on the homepage of the summer programs webpages www.bchigh.edu/summer-programs

CAMPUS TRAFFIC PLAN: All traffic will enter the campus from Morrissey Boulevard either by the driveway at the main entrance to the high school or the driveway near Sovereign Bank. After drop-off or pickup, all traffic will then exit the campus by proceeding to the rear of the school, between the stadium and the practice fields, and proceed onto Bianculli Boulevard.

Sports Camps - DAILY DROP-OFF & PICK UP: Campers can be dropped off at the front entrance of the high school or at the doors to Student Life. For attendance purposes, campers must check in each morning at the camp office (the Office of Student Life). **EARLY ARRIVAL:** Campers may be dropped off any time after 8:00 am. If they are early for their program, they may wait in the student cafeteria for their program to begin. Please enter at the Student Life entrance.

LATE ARRIVAL: If your child arrives to camp after 8:45 am, bring them go to the Camp Office (Office of Student Life) to be signed in. They must check in at the camp office before they can go to their camp. **PICK UP:** Parents/Guardians must park in the lot behind the gym and wait in their car for campers to come out to be picked up. Coaches will be at pick-up to make sure they are getting into the appropriate car. **EARLY PICK-UP:** If for any reason your child is to be picked up early from camp, please call or e-mail the camp office. Campers must check out at the camp office prior to leaving the campus. Please meet them at Student Life for early release. **LATE PICK-UP:** We do not offer an Extended Day program. Once your camper's program has ended, they must be picked up within 30 minutes.

Specialty Programs and Academic/Enrichment Courses - DAILY DROP OFF & PICK UP: Campers/Students need to be dropped off at the Student Life entrance of the school to check in with the Summer Programs Director and receive their class location. **EARLY ARRIVAL:** Campers/Students may be dropped off any time after 8:00am. If they are early for their program, they may wait in the student cafeteria for their program to begin. **LATE ARRIVAL:** If your child arrives at camp after 9:00 am, have them go to the Camp Office (Student Life office) to be signed in. They must check in at the Camp Office before they can go to their classroom. **PICK UP:** Parents/Guardians must park in the lot near the Student Life Office and wait in their car or outside for campers to come out.

EARLY PICK-UP: If your child is to be picked up early from a course or program, please call or email the camp office. Campers must check out at the camp office prior to leaving the campus. Please meet them there for early release. **LATE PICK-UP:** We do not offer an Extended Day program. Once your camper's program has ended, they must be picked up within 30 minutes.

PICK-UP BY SOMEONE OTHER THAN PARENT/GUARDIAN: If a camper is to go home with someone other than the parent/guardian, a note or an email must be sent to the Camp Office stating who the alternate pick-up people are. These people must also be listed in the online registration system. Photo ID is required for alternate pick up.

T RIDERS/WALKERS/BIKE RIDERS: Participants who take the T, walk or ride a bike to camp must have a waiver on file with the camp office signed by a parent or guardian. These waivers may be found online or in the back of this handbook. Participants must be 12 years or older to self-dismiss. Participants will not be able to self-dismiss unless a waiver is on file or notification is given to the camp office during the camp day. Campers should be familiar with the route to camp and back home.

STUDENT DISCOUNTED T PASSES: For the summer months, M7 and S Charlie Cards can be reloaded at MBTA stations using fare vending machines and at various retail outlets. The complete list of authorized agents can be found on the MBTA website under "Fares and Gifts." Summer passes will be valid from July 1 on the subway, local bus and express bus, but NOT on the Commuter Rail. Students can purchase half-fare tickets for the Commuter Rail at the above-mentioned sites. **All summer T passes expire on August 31 and any monies remaining on the cards will be forfeited.** If you have any further questions regarding summer T passes or need one, please contact Sara Feloney at feloney@bchigh.edu.

LUNCH: Parents/Guardians will be required to provide an appropriate lunch with a beverage each day. Please make sure to pack an ice pack in your child's lunch box every day or pack the lunch in a small cooler as refrigeration is not provided. The cafeteria will be open from 8am-9am and from 11am-1 pm every day except for Friday. Please see list of items for purchase in the back of this handbook as well as online.

FOOD ALLERGY POLICY:

- Summer at BC High recognizes that food allergies, in some instances, may be severe and even occasionally life threatening. The foods most likely to cause allergic reactions are peanuts, tree nuts, dairy products, eggs, soy, wheat, fish, and shellfish.
- We are a Food Allergy Aware Zone. Campers are asked to wipe down tables after eating to decrease cross contamination.
- Parents/guardians of participants with life threatening allergies must provide us with emergency medications and a written medical treatment protocol for their child for addressing allergy related events.
- Information pertaining to a participant's allergies will be shared with Summer at BC High staff that have contact with the student, but otherwise will be kept as confidential as possible.
- Peanut allergies are among the most common. Accordingly, we encourage all families to provide lunch and snacks that are free of nuts to ensure our campers' safety.
- Summer at BC High requires that all staff and students wash their hands before and immediately after eating.

BEHAVIOR POLICY: Staff: All members of the camp staff are here to serve our campers. Compassion, respect, and understanding toward all campers is expected. All camp staff members will refrain from any physical contact with our campers. Camp staff members are viewed as role models for our campers, and as such, lead by example. **Campers:** We expect appropriate and safe behavior from our campers. Unacceptable behavior includes but is not limited to stealing, swearing, fighting, pushing/shoving, teasing, harassment, bullying, hazing, vandalism, leaving campus without permission, disregarding a staff member's instructions, and belligerent/disruptive behavior. Campers are accountable for their behavior towards all camp staff members. Conversely, all camp staff members are responsible for ensuring the campers, whether in their group or not, behave in a safe and appropriate manner. If a camper has been disciplined, a behavior note will be provided to

the parent/guardian at pick-up. If the camper's behavior threatens or endangers the safety and well-being of other campers or any staff members, the Director of Summer Programs may suspend or permanently remove the camper from the program.

Parent/Guardian Request for Information: Parents or Guardians of enrolled campers/participants may at any time in writing request copies of summer program staff background checks, summer programs health care policies and summer programs behavior policies. Requests need to be sent to the Director of Summer Programs.

GRIEVANCES: Should a parent/guardian have a grievance with the camp on any issue regarding the safety and well-being of a camper, a verbal communication should be made immediately to the Director of Summer Programs.

The grievance will be reviewed by the Director of Summer 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:

Summer at BC High-Grievances/Director of Summer Programs
150 Morrissey Boulevard
Boston, MA 02125
Telephone: 617-474-5181

If there is a grievance against the Director of Summer Programs, verbal communication should be made immediately with the Director of Finance followed up in writing within ten days. The grievance will be reviewed by the Director of Finance. Issues will be addressed in an appropriate and confidential manner.

Director of Finance/Boston College High School
150 Morrissey Boulevard
Boston, MA 02125
Telephone: 617-474-5028

WHAT TO BRING TO CAMP

Items brought to camp should be in a backpack or duffle bag to keep things together and make for easy transport.

LUNCH: For campers participating in a full day program, lunch and drinks in a small cooler should be brought each day. Alternatively, the cafeteria will be open Monday-Thursday from 8am-9am and from 11 am-1 pm to purchase a variety of sandwiches, snacks and drinks (Grab and Go style). See menu in back of this handbook.

WATER BOTTLE: Please bring a labeled water bottle to camp each day. There are ample opportunities to refill these bottles throughout the day at touchless filtered water filling stations.

SUN PROTECTION: Please apply sunscreen liberally to your camper before arrival. Campers will re-apply throughout the day. Hats for additional sun protection are recommended.

SPORTS CAMPS: Campers should wear shorts, t-shirt and sneakers. Clothing should not have inappropriate language, be offensive, advertise alcohol or tobacco products. Clothing should not be a distraction to other campers. Bring rain gear if weather dictates. If bringing personal sports equipment, please mark the equipment with camper's name. All equipment must be cleared by the coaches for suitable use and done on the first day of camp. Separate emails will be sent to families regarding individual clinic's equipment and needs. NO cleats!

ACADEMIC COURSES: Participants should wear shorts, t-shirt, closed toed shoes, sandals or flip flops (indoors only). It is good practice to bring a sweatshirt as classrooms are air conditioned and it can be much cooler inside. Clothing should not have inappropriate language, be offensive, advertise alcohol or tobacco products. Clothing should not be a distraction to other students. Personal computers or iPads may be required for particular courses. Separate emails will be sent to families regarding individual course equipment and needs.

SPECIALTY CAMPS: Campers should wear shorts, t-shirts, closed toed shoes, rain gear if raining, and/or a sweatshirt. Clothing should not have inappropriate language, be offensive, advertise alcohol or tobacco products. Clothing should not be a distraction to other campers.

WHAT TO LEAVE AT HOME:

Pocketknives, weapons, drugs and alcohol - are not permitted on camp property. This includes squirt guns and

other toy weapons. Explicit apparel that is offensive, discriminatory, or suggestive is not allowed.

HEALTH CARE INFORMATION

MEDICAL CONCERNS: In accordance with the state regulations, BC High Summer Programs has a Health Care Consultant who oversees our health care policies and is available for consultation. Since our consultant is not on campus, we have an athletic trainer present daily from 8:15 am-2:45 pm. The athletic trainer serves as our Health Care Supervisor. The trainer's room is located just outside of McNeice Gym at the entrance of our Arrupe Division. To contact the athletic trainer, please contact the Director of Summer Programs, Sara Feloney at 617-474-5181. The trainer tends to all campers' and staff members' health care needs including administering medications. He maintains a medical log of all camper and staff health complaints and treatments. In addition, all camp staff management must be certified in First Aid and CPR.

HEALTH HISTORY, PHYSICAL FORM WITH 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. Campers involved in sports camps are required to have a physical including immunizations dated 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 Courses and Specialty Programs must have a Camper Health History on file. This is found on our registration portal.

In accordance with IOSCMR: 430.152 all campers and staff need to provide written documentation of age appropriate immunizations in accordance with the most current recommendations from the CDC. For Staff and Children under the age of 18 require:

Grades Kindergarten–6

In ungraded classrooms, Kindergarten requirements apply to all students ≥ 5 years. DTaP/Tdap	5 doses; 4 doses are acceptable if the fourth dose is given on or after the 4 th birthday; DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday, and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; 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	1 dose; and history of DTaP primary series or age-appropriate 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 last Tdap
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose

Hepatitis B	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday, and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
MenACWY (formerly MCV4)	Grade 7–10: 1 dose; 1 dose MenACWY (formerly MCV4) required; Meningococcal B vaccine is not required and does not meet this requirement Grade 11–12: 2 doses; second dose MenACWY (formerly MCV4) 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

MEDICATIONS: We follow the regulations set by the State of Massachusetts. Please remember that campers cannot carry medication at camp with the exception of asthma inhalers, diabetic supplies and 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 our registration portal and plan to speak to our Health Care Supervisor on your child's first day of camp. The consent form must be signed by the parent or guardian in order for our staff to administer medication. ALL MEDICATIONS MUST BE IN THE ORIGINAL PHARMACY CONTAINER. This includes over the counter medications as well as prescription medications.

PHONE NUMBERS & 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 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 it is determined 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 asked not to send their child to camp if they are sick or contagious. If a child becomes ill 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 2 hours of contacting the parent/guardian. Campers are asked to be kept at home from camp until they have had a full 24 hours of being symptom free.

Please do not send your camper to camp if they don't feel well or are experiencing the following symptoms.

- Fever of 99.5 degrees or higher (Children should be fever-free for 24 hours before returning to camp)
- Flu-like symptoms
- Sore throat
- Cold symptoms such as repeated coughing or sneezing, which are likely to spread infection.
- Significant headache, stomachache, or chest pain
- Obvious infections such as chicken pox (all lesions should be crusted over before returning to camp)
- Contagious skin disease 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 follow up about anything of concern by the Director of Summer Programs at pick-up/drop-off time or via email.

SUN PROTECTION: 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. Hats are recommended.

COVID-19:

- Families should do a wellness check on their child each morning at home before determining if the child should go to camp.
- Does your camper or members of the household today or in the past 24 hours have any of the following symptoms? If so, then the camper should stay home.
 - o Fever or chills (Temp over 99.5)
 - o Cough
 - o Shortness of breath or difficulty breathing
 - o Fatigue

- o Muscle or body aches
 - o Headache
 - o New loss of taste or smell
 - o Sore throat
 - o Congestion or runny nose
 - o Nausea or vomiting, diarrhea
- COVID vaccination will be noted on camper's immunization records. The record of the vaccine is not required for camp but helpful in recordkeeping.
 - Facemasks are not required for campers. If your child wants to wear a facemask, they are more than welcomed to.
 - The Health Care Supervisor along with the Summer Programs director will **review medical information** submitted by parents and reach out to parents of high-risk children to discuss whether additional protections are necessary, and what supports can be offered to best help their child with regards to COVID.
 - Ensure that your camper is aware of infection control practices (mask wearing, handwashing /sanitizing, social distancing) and that personal supplies, e.g., hats, brushes, hair ties, sunscreen, bug spray, towels, sports equipment and drinking containers must never be shared with others.
 - The health center is equipped with an isolation room, designated bathroom, separate exit, independent air circulation and immediate access to PPE. Emergency contact numbers, local board of health, parent and camper numbers, are all located in the health center.
 - The Health Care Supervisor will contact the symptomatic camper's parents/guardian to be picked up. If there is a sibling in camp, they must also go home. The camper must remain in isolation until they are transported home.
 - If it is determined that a person has been exposed to COVID-19, either at camp or in their household, they will be directed to self-quarantine for 5 days and to follow current CDC Guidelines of masking and testing on Day 5.
 - If a symptomatic individual tests negative, they may return to camp after they have improved in symptoms and have been fever free or without fever reducing medication for 24 hours.

A FACT SHEET FOR High School Parents



CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your teens from concussion or other serious brain injury.

What is a concussion?

A concussion is a type of traumatic brain injury-or TBI-caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How can I help keep my teens safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - > Work with their coach to teach ways to lower the chances of getting a concussion.
 - > Emphasize the importance of reporting concussions and taking time to recover from one.
 - > Ensure that they follow their coach's rules for safety and the rules of the sport.
 - > Tell your teens that you expect them to practice good sportsmanship at all time.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

Talk with your teens about concussion.

Tell them to report their concussion symptoms to you and their coach right away.



How can I spot a possible concussion?

Teens who show or report one or more of the signs and symptoms listed below-or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body-may have a concussion or other serious brain injury.

Signs observed by parents

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets an instruction or assignment

Symptoms reported by teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurry or double vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty concentrating or remembering
- Just not "feeling right" or "feeling down"



cdc.gov/HEADSUP



CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

Although most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities. **Be sure to offer support during their recovery and allow them to stay connected with friends and others.**

What are some more serious danger signs to look out for?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body, and can squeeze the brain against the skull. Call 9-1-1 or take your teen to the emergency department right away if after a bump, blow, or jolt to the head or body he or she has one or more of these danger signs:

- 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 I do if my teen has a possible concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

Teens who continue to play while having concussion symptoms or who return to play too soon while the brain is still healing have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.

Revised August 2019

To learn more,
go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)





BCHIGH

A Jesuit School for Boys, Grades 7-12

Summer 2024

Dear BC High Summer Programs 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.

Starting in the 2022-23 school year, all students entering Grades 7, 8, 9, 11, and 12 will need meningococcal conjugate vaccine, MenACWY (brand names *Menveo* or *Menactra/MenQuadfi*) for school entry.

Grade 7 through 9 entry: 1 dose of MenACWY for all students.

Grade 11 and 12 entry: 1 booster dose of MenACWY received on or after 16 years of age. (1 or more doses of MenACWY are acceptable as long as 1 dose was received on or after 16 years of age.)

All students entering Grades 7, 8, 9, 11, and 12 will need meningococcal conjugate vaccine to attend summer camps licensed by the state of Massachusetts, including BC High Summer Programs.

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 in the summer programs office at 617-474-5181 or email at feloney@bchigh.edu

Sincerely,

Sara Feloney
Director of Summer Programs

150 Morrissey Boulevard Boston, MA 02125-3391 phone 617.436.3900 fax 617.474.5105 www.bchigh.edu

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.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c. 111, a.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

New Meningococcal Conjugate Vaccine (MenACWY) Requirement for School Entry

Starting in the 2022-23 school year, all students entering Grades 7, 8, 9, 11, and 12 will need meningococcal conjugate vaccine, MenACWY (brand names *Menveo* or *Menactra/MenQuadfi*) for school entry.

Grade 7 through 9 entry: 1 dose of MenACWY for all students.

Grade 11 and 12 entry: 1 booster dose of MenACWY received on or after 16 years of age. (1 or more doses of MenACWY are acceptable as long as 1 dose was received on or after 16 years of age.)

Frequently Asked Questions

Why require meningococcal conjugate vaccine?

MA school requirements generally follow the recommendations of the national Advisory Committee on Immunization Practices (ACIP). ACIP recommends that children receive a dose of MenACWY at 11-12 years and a booster dose at 16 years.

What if a student is not 16 at the start of Grade 11?

Students who are not 16 when they enter Grade 11 will need a booster dose once they turn 16.

What if my school has ungraded classrooms?

In ungraded classrooms, Grade 7 requirements apply to all students 12 years and Grade 11 requirements apply to all students 16 years.

Does the meningococcal vaccination waiver apply to the new requirement?

No. The waiver is for residential students only; however, students are allowed medical or religious exemptions.

What about Meningococcal B Vaccine?

Men B vaccine (brand names *Bexsero* or *Trumenba*) does not satisfy the MenACWY requirement.

School Immunization Surveys

Will my school have to report on meningococcal vaccine in my Grade 7 Immunization survey?

Yes. The Grade 7 survey will include a question about meningococcal vaccine for all students.

I'm at a residential school. Will I still need to complete a separate residential survey in addition to my Grade 7 survey?

No. The residential school immunization survey will be incorporated into the Grade 7 survey.

Will there be a Grade 11 immunization survey?

Yes. Similar to the Kindergarten and Grade 7 surveys, a Grade 11 survey will be accessible in the Massachusetts Immunization Information System (MIIS) beginning in the 2020-21 school year.

Contact the Immunization Division at

immassessmentunit@mass.gov

Visit the MDPH website at

<https://www.mass.gov/info-details/school-immunizations>



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Department of Public Health
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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

1 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)**
 - 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.

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER
(COMPLETED BY PARENT/GUARDIAN)

Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:

Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
I hereby authorize the health care consultant or properly trained health care supervisor at _____ _____ (name of camp) to administer to my child _____ the medication(s) listed _____	
<p>If above listed medication includes epinephrine injection system:</p> <p>I hereby authorize my child to <u>self-administer</u> , with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
Signature of Parent/Guardian:	Date:

** **Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.



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

KIMBERLEY DRISCOLL
Lieutenant Governor

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ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

To: Camp Directors
From: Pejman Talebian, MA, MPH, Director, Immunization Division
Date: March 22 2024
Subject: Required Immunizations for Children Attending Camp and Camp Staff

Vaccination is critically important to control the spread of vaccine-preventable diseases. Since the COVID-19 public health emergency ended, there has been a resurgence of many vaccine-preventable diseases. In 2024, measles outbreaks are occurring worldwide including in multiple European countries. In the US, as of mid-March, there have already been as many confirmed cases of measles (58) as there were in all of 2023, impacting 17 different jurisdictions. A single case of measles can result in hundreds of exposures, with a 21-day quarantine required of those who do not have evidence of immunity to measles and who cannot be vaccinated within three days of exposure. The way to avoid this situation, which can bring a summer camp to a halt, is to ensure that children attending camp and camp staff have evidence of immunity to measles.

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 16th 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 in the School Immunization Requirements table.

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

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

If you have any questions about vaccines, immunization recommendations, or suspect or confirmed disease cases, please contact the MDPH Immunization Program at ImmAssessmentUnit@mass.gov. Address questions about enforcement with your legal counsel; enforcement of requirements is at the local level.

See the following page for Grades Kindergarten–6, and Grades 7–12

Grades Kindergarten–6

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

DTaP/Tdap	5 doses; 4 doses are acceptable if the fourth dose is given on or after the 4 th birthday; DT is only acceptable with a letter stating a medical contraindication to DTap
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday, and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; 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	1 dose; and history of DTap primary series or age-appropriate 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 last Tdap
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose or a fifth dose is required; 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday, and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
MenACWY (formerly MCV4)	Grade 7–10: 1 dose; 1 dose MenACWY (formerly MCV4) required; Meningococcal B vaccine is not required and does not meet this requirement Grade 11–12: 2 doses; second dose MenACWY (formerly MCV4) 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

See the following page for campers, staff, and volunteers 18 years of age and older

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

MMR	2 doses; anyone born in or after 1957; 1 dose; anyone born before 1957 outside the US; anyone born in the US before 1957 is considered immune; laboratory evidence of immunity to measles, mumps, and rubella is acceptable
Varicella	2 doses; anyone born in or after 1980 in the US, and anyone born outside the US; anyone born before 1980 in the US is considered immune; a reliable history of chickenpox* or laboratory evidence of immunity is acceptable
Tdap	1 dose; and history of DTaP primary series or age-appropriate 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	3 doses; (or 2 doses of Heplisav-B) for staff whose responsibilities include first aid; 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.

Rebecca's Cafe Snack Bar at BC High

Is open for Breakfast from 8am-9am. Lunch is available from 11 am-1 pm. Monday-Thursday. Items are made to order, pre orders are not available. Cash & Eagle cards are accepted during the summer months. Healthy snack, juice and water vending machine are available anytime.

Breakfast	
Bagel/Donut/Muffin	\$1.50
Cereal (includes milk)	\$1.50
Lunch	
Hot Lunch items	
Monday - Hot Dog/Fries	\$3.50
Tuesday - Hamburger/Fries	\$5.00
Wednesday - Chicken Tenders/Fries	\$5.00
Thursday - Pizza	
Pizza slice (per slice)	\$2.25
Pizza combo (includes 2 slices and a drink)	\$5.00

Sandwiches (items include chips and a drink) Available each day (Monday-Thursday)	
BLT	\$4.25
Buffalo Chicken Wrap	\$4.50
Chicken Caesar Wrap	\$4.50
Chicken, Bacon, Ranch Wrap	\$4.50
Chicken Salad Wrap	\$4.50
Ham and Cheese	\$4.50
Salami and Cheese	\$4.25
Tuna Sandwich	\$4.50
Turkey Sandwich	\$4.50

Miscellaneous Items & Snacks	
Milk	\$1.25
Parfait/Fruit Cup	\$4.00
Chips	\$1.00
Assorted Snacks	\$.75-\$1.00
Whole Fruit	\$1.00

Dessert	
Brownie/Cake/Cookie	\$1.75

Summer at BC High

CAMPER TAKING PUBLIC TRANSPORTATION TO AND FROM CAMP CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND IMDEMNITY AGREEMENT

CONSENT

I authorize and give consent to Summer at BC High to release my child from Camp without parental supervision and hereby consent, acknowledge and allow my child to take public transportation to and from camp without parental or BC High supervision. I acknowledge that my child is 12 years of age or older.

RELEASE and WAIVER OF CLAIMS

I, individually and/or on behalf of my minor child(ren), hereby release and hold Summer at BC High and their officers, trustees, employees, directors, volunteers, and/or others acting on their behalf harmless from negligence and any and all claims that I or my child may have arising from taking public transportation to and from camp.

ASSUMPTION OF RISK

I, individually and/or on behalf of any minor child(ren), expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from allowing my child to take public transportation to and from camp.

YOU ASSUME THE RISKS

I, individually and on behalf of my minor child(ren), understand that taking public transportation to and from camp unsupervised may be dangerous. **Once you sign, you are saying that you understand the risks involved and accept all of the risks.**

INDEMNIFICATION

I, individually and on behalf of my minor child(ren) shall hereby defend and indemnify Summer at BC High and their officers, trustees, employees, directors, volunteers, and/or others acting on their behalf from any and all claims arising from allowing my child to take public transportation to and from camp.

DURATION

This release will remain in effect for the existing camp season and I agree that I will notify BC High in writing if I choose to revoke this authorization.

Camp Year

Child's Name

Child's Date of Birth

Child's Address

Child's Phone Number

BOTH PARENTS MUST SIGN

Parent or Guardians Printed Name

Parent or Guardians Printed Name

Parent or Guardian's Signature Date

Parent or Guardian's Signature Date

Parent or Guardian's Daytime Number

Parent or Guardian's Daytime Number

Summer at BC High
CAMPER WALKING or BIKING TO AND FROM CAMP CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND IMDEMNITY AGREEMENT

CONSENT

I authorize and give consent to Summer at BC High to release my child from Camp without parental supervision and hereby consent, acknowledge and allow my child to walk to and from camp without parental or BC High supervision. I acknowledge that my child is 12 years of age or older.

RELEASE and WAIVER OF CLAIMS

I, individually and/or on behalf of my minor child(ren), hereby release and hold Summer at BC High and their officers, trustees, employees, directors, volunteers, and/or others acting on their behalf harmless from negligence and any and all claims that I or my child may have arising from walking to and from camp.

ASSUMPTION OF RISK

I, individually and/or on behalf of any minor child(ren), expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from allowing my child to walk to and from camp.

YOU ASSUME THE RISKS

I, individually and on behalf of my minor child(ren), understand that walking home unsupervised may be dangerous. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

INDEMNIFICATION

I, individually and on behalf of my minor child(ren) shall hereby defend and indemnify Summer at BC High and their officers, trustees, employees, directors, volunteers, and/or others acting on their behalf from any and all claims arising from allowing my child to walk to and from camp.

DURATION

This release will remain in effect for the existing camp season and I agree that I will notify BC High in writing if I choose to revoke this authorization.

Camp Year

Child's Name

Child's Date of Birth

Child's Address

Child's Phone Number

BOTH PARENTS MUST SIGN

Parent or Guardians Printed Name

Parent or Guardians Printed Name

Parent or Guardian's Signature Date

Parent or Guardian's Signature Date

Parent or Guardian's Daytime Number

Parent or Guardian's Daytime Number

Information About Recreational Camps for Children in Massachusetts Questions and Answers for Parents and Guardians



REQUIRED TO BE LICENSED AS RECREATIONAL CAMPS FOR CHILDREN?

WHAT IS A LICENSED RECREATIONAL CAMP FOR CHILDREN?

A licensed recreational camp for children may be a day or residential (overnight) program that offers recreational activities and instruction to campers. There are certain factors, such as the number of children the camp serves, the length of time the camp is in session, and the type of entity operating a program, that determine whether a program is considered a recreational camp under Massachusetts law and regulations and therefore must be licensed (see M.G.L. c. 111, §127A and 105 CMR 430.000: Minimum Standards for Recreational Camps for Children).

WHAT DOES IT MEAN FOR A RECREATIONAL CAMP TO BE LICENSED?

If a camp meets the definition of a recreational camp it must be inspected and licensed by the local board of health in the city or town where the camp is located. It must also meet all regulatory standards established by the Massachusetts Department of Public Health (MDPH) and any additional local requirements.

ARE ALL SUMMER PROGRAMS

No. Programs that do not meet the legal definition of a recreational camp for children are not subject to MDPH's regulatory provisions and therefore do not have to follow the requirements that apply to licensed recreational camps and are not subject to inspections by either MDPH or a local board of health.

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. These regulations include:

- requiring camps to perform criminal record background checks on each staff person and volunteer prior to employment and every 3 years for permanent employees;
- 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 (including swimming and watercraft activities).

WHAT DOES THE LOCAL HEALTH DEPARTMENT 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. Examples of things inspectors look for include: 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 or local board of health in the community in which the camp is located to find out mandatory requirements, policies, and standards.

years older than the campers they supervise.

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

Contact the local health department or board of health in the community where the camp is located to determine if the camp is a licensed recreational camp for children, confirm the status of the camp's license, and obtain a copy of the camp's most recent inspection report.

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

Yes. The camp must provide copies of any of the required plans and procedures on request.

ARE THERE MINIMUM QUALIFICATIONS FOR CAMP COUNSELORS IN MASSACHUSETTS?

Yes. All counselors in licensed recreational camps are required to have at least four weeks experience in a supervisory role with children or four weeks experience with structured 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.

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 medical specialty 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

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

Yes. For all camp staff and volunteers, the licensed 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 report 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 indicate the applicant is not suitable for a position with campers. The camp must conduct CORI re-checks every three years for permanent employees with no break in service.

The local health department will verify that CORI checks have been conducted during their annual licensing inspection. If 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, and every three years for permanent employees with no break in service. The Sex Offender Registry Board is a public safety agency

responsible for protecting the public from sex offenders. The local health department 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.

returned to you, if possible, or destroyed.

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 and ask the Board of Health to confirm that background checks were completed at the camp. Please note, however, that you are not authorized to review any staff person's actual CORI or SORI report.

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 care 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. Medical specialty 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?

Parents or guardians must give approval for their child to receive any medication at a recreational camp. Licensed camps are required to keep all medications in their original containers and to store all prescription medications in a secure manner. 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 care supervisor with oversight by the camp health care consultant. (Note that other arrangements may be made for emergency medications such as epinephrine auto-injectors and inhalers.) When your child's participation at a camp ends, the medication must be

CAN A CAMP DISCIPLINE MY CHILD?

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

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

All licensed recreational camps must 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 and 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.

WHAT STEPS CAN BE TAKEN TO HELP PROTECT CHILDREN FROM MOSQUITO AND TICKBORNE DISEASE SUCH AS EASTERN EQUINE ENCEPHALITIS (EEE), WEST NILE VIRUS (WNV), AND LYME DISEASE?

Parents/guardians and camp administrators should discuss the need for repellent with campers and what repellent(s) may be available at the camp. Use of insect repellents that contain 30% or lower of DEET (N,Ndiethyl-m-toluamide) are widely available and are generally considered to be safe and effective for children (older than 2 months of age) when used as directed and certain precautions are observed. These products should be applied based on the amount of time the camper spends outdoors and the length of time protection is expected as specified on the product label.

Use of DEET products that combine repellent with sunscreen are not recommended, as over application of DEET can occur if sunscreens need to be applied more frequently. It is generally recommended to apply sunscreen first, then insect repellent.

Repellents containing DEET should only be applied to exposed skin, and children should be encouraged to cover skin with clothing when possible, particularly for early morning and evening activities when more mosquitoes are present. DEET products should not be applied near the eyes and mouth; applied over open cuts, wounds, or irritated skin; or applied on the hands of young children (the CDC recommends that adults apply repellents to young children). Skin where the repellent was applied should be washed with soap and water after returning indoors and treated clothing should be washed before it is worn again. Spraying of repellents directly to the face, near other campers, or in enclosed areas should be avoided.

- **For More Information on Recreational Camps Please Follow the web link below:**

The Department has designed an additional document "Important Webpage Links regarding Recreational Camps for Children" to assist stakeholders with access to relevant information associated with Recreational Camps for Children. This document contains webpage links for related material and other points of interest.

[Important Webpage Unks.docx](#)

Do not rely on glossy pictures and slick brochures when choosing a recreational camp for your child.

Contact the camp director to schedule an appointment for an informational meeting and tour of the facility prior to registering your child.

Ask the camp for a copy of its policies regarding staff background checks, as well as health care and disciplinary procedures. Ask to see a copy of the procedures for filing complaints with the camp.

Call the local health department/board in the city or town where the camp is located for information regarding inspections of the camp and to inquire about the camp's license status.

Obtain names of other families who have sent their children to the camp, and contact them for an independent reference.

For More Information

If you would like a copy of the state regulations or additional information concerning recreational camps for children, please visit www.mass.gov/dph/dcs or call the Massachusetts Department of Public Health, Bureau for Environmental Health's Community Sanitation Program at 617-624-5757 | Fax: 617-624-57771 TTY: 617-624-5286

