



DUTCHESS COUNTY
DEPARTMENT OF BEHAVIORAL & COMMUNITY HEALTH
Environmental Health Services Division
85 Civic Center Plaza – Suite 106, Poughkeepsie, NY 12601
Tel: (845) 486-3404 Fax: (845) 486-3545

**CAMP SAFETY PLAN
STATEMENT**

Camp Name: _____

Location (Town/City): _____

Camp Director's Name: _____

This statement is confirmation that the written Camp Safety Plan which has been submitted to the Department of Behavioral & Community Health (DBCH) and received approval prior to the current camp season accurately represents the policies and procedures that will be implemented for the current year, and **this plan will be kept on file at the Camp during the operating season.**

Any, and all, changes to the Camp Safety Plan will be submitted in the form of a written addendum to the DBCH (30) thirty days prior to Camp orientation.

Camp Director's Signature

Date

Return to: Dutchess County Department of Behavioral & Community Health
Att: Environmental Health Services
85 Civic Center Plaza - Suite 106
Poughkeepsie, New York 12601