DUTCHESS COUNTY
DEPARTMENT OF HEALTH
Environmental Health Services Division
85 Civic Center Plaza – Suite 106, Poughkeepsie, NY 12601
Tel: (845) 486-3470 Fax: (845) 486-3545

CAMP SAFETY PLAN STATEMENT

Camp Name:_____

Location (Town/City):_____

Camp Director's Name:_____

Date of Previous Submission:_____

This statement is confirmation that the written Camp Safety Plan which has been submitted to the Department of Health (DOH) 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 DOH (30) thirty days prior to Camp orientation.

_____ _____

Camp Director's Signature Date

Upload to: https://apps.dutchessny.gov/health-permits