HEALTH CARE CONSULTANT AGREEMENT

NAME OF CAMP _____ ADDRESS OF CAMP _____

The Massachusetts Department of Public Health regulations for recreational camps for children, 105 CMR 430.000, require that all recreational camps for children have a health care consultant. The regulation and responsibilities of this person are described below.

430.159(A) Health Care Consultant A designated Massachusetts licensed physician, nurse practitioner or physician assistant with pediatric training as the camp's health care consultant. The consultant shall:

1. Assist in the development of the camp's health care policy as described in 105 CMR 430.159(B);
2. Review and approve the policy initially and at least annually thereafter;
3. Approve any changes in the policy;
4. Review and approve the first aid training of the staff;
5. Be available for consultation at all times; and
6. Develop and sign written orders to be followed by the on-site health supervisor in the administration of his/her related duties.

If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. 105 CMR 430.160(C)

430.159(B) Health Care Policy A written medical policy, approved by the local board of health and by the camp health care consultant. Such policy shall include, but not be limited to, daily health supervision, infection control, handling of health emergencies and accidents, available ambulance services, provision for medical, nursing and first aid services, the name of the designated on-site camp health supervisor, the name, address and phone number of the camp health care consultant required by 105 CMR 430.159(A) and the name of the health supervisor required by 105 CMR 430.159(E), if applicable.

430.160(C) Administration of Medication The health care consultant shall acknowledge in writing a list of all medications administered at the camp.

I meet the requirements of the health care consultant as described in 105 CMR 130.159(A). I have reviewed theses referenced regulations and understand the responsibilities of the position and agree to assist this camp regarding the same.

_____ _____

Print Name Title

_____ _____

Signature MA License/Registration Number

_____ _____

Address Telephone Number

Date: _____