

Youth Camp Safety Advisory Council Annual Report

Maryland Department of Health (MDH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301, Baltimore, MD 21202-1608
Phone (410) 767-8417 or Toll Free 1-877-4MD-MDH ext 8417
Fax (410) 333-8926

YEAR: _____ Revised copy

- **At the end of your camping season**, please complete the information below and submit the completed form to the Maryland Department of Health (MDH) at the above address or fax number. Maryland Certification for Youth Camps, COMAR 10.16.06.06, requires that an operator files an annual report and any required injury/illness reports **within 4 weeks of the end of camp**.
- If you do not submit an annual report and any required incident reports within 4 weeks of the end of camp, you are in violation of the Certification for Youth Camp Regulations, COMAR 10.16.06.06. **According to Certification for Youth Camp Regulations, COMAR 10.16.06.14 this Office may deny your renewal application for failure to submit this annual report and any required incident reports and camp will not be eligible for "Good Standing" with the Department or be allowed to pay the reduced fee.**

➔ Camp Name _____ Certificate # _____

➔ Camp Address: _____ City: _____ State: _____ Zip code: _____

➔ Complete the following chart with the understanding that a camp may operate continuously throughout the season or with breaks in operation (i.e. weekends).

Week	Weekly Operation Dates		# of Days (A)	# of Campers (B)	# of Camper Days (A x B)	# of Reportable Injuries	# of Reportable Diseases/ Conditions	# of Medication Errors	# of Epinephrine	# of Fatalities	# of Staff
	Start Date (MM/DD/YY)	End Date (MM/DD/YY)									
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
Please Total These Columns →→→											

If not previously done, submit the required incident report form(s) to MDH, for each individual involved, with this annual report. In order to maintain confidentiality, remove camper/staff member's name and other personal identifiers from the completed incident report form before submitting.

➔ Signature _____ Date _____ Phone # _____

➔ Print Name and Title of Person Completing this Form _____

➔ Print Email of Person Completing this Form _____