



CAMP SUPPLEMENTAL APPLICATION

This application must be completed in conjunction
with the CNA Allied Health Care Facilities Common Application

Instructions

1. Please read the instructions carefully. Complete and submit all requested information and/or required attachments. This application and all materials submitted shall be held in confidence.
2. All application questions must be fully answered. If a question does not apply, please write "N/A".
3. If more space is needed, continue on a separate sheet of your letterhead and indicate the question number.

Name of Applicant: _____

Location of Camp: _____

State License: _____

Please attach a copy of the Camp Brochure

Does the camp carry commercial general liability insurance and auto insurance? Yes No

If yes, submit a Certificate of Insurance with this application.

Dates of Camp: _____

Number of Years in Business: _____

Is the Camp Accredited by the American Camp Association? Yes No

If yes, please provide most recent accreditation report.

1. Demographics

a. Day Camp: Yes No

Overnight Camp: Yes No

b. How many Children are expected? _____

Age Range of Children? _____

c. Co-ed: Yes No

d. How many adult campers are expected? _____

e. Ratio of Children to Supervising Adults? _____

f. Estimated Number of Campers per Day _____

g. Number of days per week: Weeks per year: _____

h. Camp Fee per Camper, per week: Estimated Gross Receipts: _____

i. Do family members of patients attend the camp? Yes No



2. Medical Services

a. Medical Scope of Camp (check all that applies)

- Weight loss
- Behaviorally problems
- Court ordered
- Developmentally disabled
- Mental health
- Alternative health
- Other _____

b. Diagnoses treated: _____

c. Medical procedures/treatments provided: _____

d. Invasive procedures: _____

e. Health Records (check all that apply)

- Pre-camp health examination
- Physician authorization
- Medication record
- Allergies
- Consent
- HIPAA Agreement
- Guardian signed Release Form (If yes, please attach a sample copy.)

f. Camp Physician

1. Is the camp physician: Employed Contracted?
2. Is there a written contract with the physician that includes hold harmless clauses? Yes No
3. Does the physician carry medical malpractice insurance? Yes No
If yes, what limits? \$ _____ each claim \$ _____ Aggregate
4. Is there a physician living at camp all season? Yes No
If no, what is the travel distance for the physician to camp? _____
If No, is there a physician On Call? Yes No
If yes, How Far Away: _____
5. Does the camp utilize standing orders? Yes No

g. Emergencies

Is there a written emergency agreement with a hospital for camp related emergencies? Yes No
How close is the nearest hospital? _____

h. Infirmary

1. Hours: _____
2. How many Beds in your Camp Infirmary? _____
3. Is there a licensed nurse on premises at all times? Yes No
4. Staffing (check all that apply)
 - Physician Yes No _____ # if applicable
 - Registered nurse Yes No _____ # if applicable
 - Licensed vocational/practical nurse Yes No _____ # if applicable
 - Advanced first aider/ emergency medical technician Yes No _____ # if applicable



3. Volunteers

- a. Volunteers: Yes No
If yes, how many? _____
- b. Are criminal background checks conducted on all volunteers Yes No

4. Transportation

- a. Do outside camp activities require bus/van transportation? Yes No
- b. Is transportation provided by camp owned/leased vehicles or an outside organization?
- c. Is healthcare staff required to accompany campers during outside camp activities? Yes No
- d. If transportation is arranged by an outside organization, submit a Certificate of Insurance from the transportation company.

5. Water Bodies

Are there any bodies of water at the campground? Yes No

If yes complete the following section.

- a. What water activities are planned? _____
- b. Does the camp utilize a pool? Yes No
Pool Length: _____ feet
Pool Depth: _____ feet
Are Depth Markings Clearly Indicated? Yes No
Is the pool fenced? Yes No
Height of Fence: _____ feet
- c. Does the camp utilize a lake? Yes No
- d. Number of Diving Boards: _____ Height of each: _____ feet
- e. Number of Sliding Boards: _____ Type: _____
Height of Each: _____ feet
Length: _____ feet
Depth of Water Where Sliding Board Enters Water: _____ feet
Depth of Water in Diving Area: _____ feet
Is Depth Uniform Throughout Diving Area? Yes No
- f. Is there a buddy system in place for swimmers? Yes No
How many Water Safety Instructors are employed? _____
How many certified Lifeguards are employed? _____



6. Activities

a. Are the Following Activities Offered to Campers During Recreational Periods? Check all that apply.

- Go Karts
- Hockey
- Horseback Riding
- Motorbikes, Motorcycles, Minibikes or All-Terrain Vehicles
- Riflery
- Tackle Football
- Trampolines
- Waterskiing
- Watercraft

If Watercraft is checked , explain type & number of vessels used & owned or leased:

If the camp has watercraft how many watercraft in excess of 26 feet? _____

Other: _____

b. Do you contract with any others for Program Services for any of these activities? Yes No

If yes, please explain. _____

c. Are Instructors, Professional Employees or Professional Independent Contractors to be Covered?

AUTHORIZATION

Signature in full

Date

Name - please print

Agency Name and Address	Person submitting application	Telephone Number	E-Mail

**This product will be underwritten in one of the CNA property/casualty companies.
CNA is a registered service mark and trade name of CNA Financial Corporation.**