

# Youth Camp Safety Advisory Council Annual Report

Maryland Department of Health & Mental Hygiene (DHMH)  
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-DHMH 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 Department of Health and Mental Hygiene (DHMH) 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 injury/illness 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 injury/illness reports and camp will not be eligible to be in "Good Standing" with the Department and pay the reduced fee.**

➔ Camp Name \_\_\_\_\_ Certificate # \_\_\_\_\_

➔ Camp Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

➔ 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 Epi-nephrine	# 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											
<b>Please Total These Columns →→→</b>											

If not previously done, submit the required injury/illness report form(s) to DHMH, 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 injury/illness report form before submitting.

➔ Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

➔ Print Name and Title of Person Completing this Form \_\_\_\_\_

➔ Print Email of Person Completing this Form \_\_\_\_\_