MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Camper's Name: _____ Date of Birth: _____

Session (circle one): July August

Check one box and sign below.

☐ My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: _____

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Printed Name of Parent/Guardian: _____

Signed: _____ Date: _____
(Parent / Guardian)