

## Parent Information



### MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following for to the camp.

Check one box and sign below.

My child has had the meningococcal meningitis immunization within the past 10 years.

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_.

[Note: If your child received the meningococcal vaccine available before February 2005 called Menomune TM, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra TM should be considered within 3-5 years after receiving Menomune TM.]

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.

Signed: / \_\_\_\_\_ / Date: \_\_\_\_\_

Parent/ Guardian

For signature the signer types their name on the signature line of a document between two forward slashes (for example, /Jimmy Doe/)

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian E-mail address (optional) \_\_\_\_\_

Please copy and bring with you at time of Registration.