



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** or more consecutive nights, complete and return the following form to the camp.*

Check one box and sign below.

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

Date received: _____

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

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)

Camper's Name: _____ Date of Birth : _____

Mailing Address: _____

Parent/Guardian's E-mail address (optional): _____