



Westchester-Putnam Council, BSA

41 Saw Mill River Road

Hawthorne, NY 10532

914-773-1135

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.

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.

Signed: _____ Date: _____
(Parent / Guardian)

Scout's Name: _____ Date of Birth : _____

Mailing Address: _____

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

For more information about this disease and why this form is necessary, please go to:
<http://www.wpbsa.org/pubs/ReadMeningitisLetter.pdf>