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)

Camper’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:
https://www.cdc.gov/vaccines/vpd/mening/index.html