

MENINGOCOCCAL MENINGITIS 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 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: _____

I have read, or have had explained to me, the enclosed 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: _____
(Parent/Guardian)

Date: _____

Camper's Name: _____ Date of Birth: _____