

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form from 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: _____
(Parent/Guardian)

Print Name: _____

Date: _____

Camper's Name: _____

Date of Birth: _____

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