

**MENINGOCOCCAL MENINGITIS VACCINATION  
RESPONSE FORM**

New York State Public Health Law requires the operator of an overnight 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: \_\_\_\_\_

(Note: The vaccine's protection lasts for approximately 3 - 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: \_\_\_\_\_  
\_\_\_\_\_