



Immunization Response Form (To be completed by Parent or Guardian)

Camper Information:

Camper Name: _____ Date of Birth: _____
(Last Name) (First Name) (M.I.) (mm/dd/yy)

Immunization Requirements:

It is strongly recommended by the New York State Department of Health that, at a minimum, our immunization requirements mirror those that are required for students to enter schools in New York State. Listed below are those immunizations that are either required or strongly recommended (indicated by a *) to attend Camp Ma-He-Tu.

We must keep immunization records for all campers and staff, and they must be updated annually. Please request a copy of your camper's immunization record from their doctor and submit with health forms.

- Diphtheria, pertussis, and tetanus (DPT)
- Hepatitis B
- Meningococcal (MenACWY) for children over 11 y.o.*
- MMR or Measles, Mumps and Rubella
- Varicella
- Covid-19*
- HiB – haemophilus influenzae type B
- Poliomyelitis

What was the month and year of the camper's last tetanus shot? _____
(mm/yy)

Attestation:

I hereby attest that all immunizations required for camp are up to date.

Parent/Guardian Signature (Month/Day/Year) Relationship

Meningococcal Meningitis Vaccination Response Form:

Please read the [Meningococcal Meningitis Parent/Guardian Letter](#) before responding below.

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

The Centers for Disease Control and Prevention recommends two doses of MenACWY vaccine (Brand names: Menactra, Menveo) for all healthy adolescents 11 through 18 years of age: the first dose is given at 11 or 12 years of age, with a booster dose at 16 years of age. Children and adolescents with certain medical conditions may need to begin the MenACWY series at a younger age and/or receive additional doses. Consult with your child's healthcare provider regarding any medical conditions they may have. If the first dose is given between 13 and 15 years of age, the booster should be given between 16 and 18 years of age. If the first dose is given after the 16th birthday, a booster is not needed.

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Camper Name: _____ Date of Birth: _____
(Last Name) (First Name) (Middle Initial) (MM/DD/YY)

Young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series (Brand names: Trumenba, Bexsero). Parents/guardians should discuss the Meningococcal B vaccine with a healthcare provider.

Check one box and sign below.

I have received and reviewed the information regarding meningococcal meningitis. My child has received meningococcal immunization (Menactra or Menveo) within the past 10 years.

Date received: _____

OR

I have received and reviewed the information regarding meningococcal meningitis. I understand the risks of meningococcal meningitis and the benefits of immunization at the recommended ages.

I have decided that my child, who is **younger than 11 years of age**, will **not** obtain immunization against meningococcal disease at this time;

OR

I have decided that my child, who is **11 years of age or older**, will **not** obtain immunization against meningococcal disease at this time.

Parent/Guardian Signature

(Month/Day/Year)

Relationship