



Dear Parents,

Re: Meningoccal Meningitis Immunization

New York State Public Health Law, effective August 15th 2003, 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. Please fill out the form below and return to our camp office.

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 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.

Signature: (of parent or guardian if camper is a minor)

_____ Date: _____

Child's Name: _____ Date of Birth: _____