Dear Camper and Parents,

New York State Public Health Law requires the operator of overnight children's camps to maintain a completed response form for every camper who attends camp for six or more nights.

Please check one of the following responses.

_____ My child has had the meningococcal meningitis immunization (Menomune) within the past 10 years. Date of immunization: ________________
(Note: The vaccine's protection lasts for approximately 3-5 years. Revaccination should be considered in 3-5 years.)

_____ I have read, or have had explained to me, the information regarding meningococcal meningitis disease (attached). I understand the risks of not receiving the vaccine. I have decided **NOT** to have my child immunized against the meningococcal meningitis disease.

Signed: ___________________________ Date: ________________
(Parent/ Guardian)

Name of camper: ___________________________