

# Meningitis Immunization

## Summer of 2011



New York State Public Health Law requires that we have a completed copy of this form for every camper who attends Camp Echo. **Please review and complete the form below and return this sheet to us by June 1, 2011.** If you have any questions\*, please feel free to contact the camp office at 201.251.0414.

### Camper Meningococcal Meningitis Vaccination Response Form

Camper's Name..... Date of Birth.....

Please 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 to 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.

Parent's Signature ..... Date.....

Parent's Name (please print).....

For information regarding meningococcal meningitis vaccine and disease, you can visit [www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf](http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf) and [www.health.state.ny.us](http://www.health.state.ny.us)

\* Parents sometimes ask our opinion about meningitis immunization. We suggest that you speak with your child's doctor. We do know, however, that the Center for Disease Control [CDC] does recommend this immunization for those who are living in a "closed" community, such as camp or college.

Office Use Only. Please do not place any marks inside this box.