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Stanley Felsing, Director

## MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Please return to Camp Monroe

New York State Public Health Law 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.

Check one box and sign below.

- My child has had the meningococcal meningitis immunization (Menomune tm) within the past 10 years. Date received: \_\_\_\_\_
- 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: \_\_\_\_\_

City

State

Zip