

# FORRESTEL FARM RIDING & SPORTS CAMP

## MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a complete response form for every camper who attends camp for seven (7) or more nights.

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 3-5 years.]

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. My child will obtain immunization against meningococcal meningitis within 30 days from my private health care provider.
- 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 \_\_\_\_\_  
(Parent / Guardian)

Date \_\_\_\_\_

Camper's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Email address (optional): \_\_\_\_\_