

**MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM
SLEEPAWAY CAMP**

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 (7) or more nights.

Check one box and sign below:

- My child has had the meningococcal meningitis immunization within the past 10 years.
Date received: _____.

[Note: If your child received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.]

- 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.

My signature confirms that I received information on meningococcal meningitis disease from New York YMCA Camp.

Signed: _____

Date: _____

Camper's Name: _____

Date of Birth: _____