

CAMP KENNYBROOK
MENINGOCOCCAL MENINGITIS VACCINATION
RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper attending camp for more than seven (7) nights. **This form MUST be returned to our winter office with your child's medical forms and information**

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 about 3-5 years. Revaccination may be considered within 3-5 years)

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. 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 _____

Address: _____
