



Greater Hudson Valley Council, BSA

PO Box 974

Mohegan Lake, NY 10547

845-566-7300

## 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 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. 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: \_\_\_\_\_

Parent/Guardian's E-mail address (optional): \_\_\_\_\_

For more information about this disease and why this form is necessary, please go to:  
<https://www.cdc.gov/vaccines/vpd/mening/index.html>