



AGBU CAMP NUBAR
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AGBU CAMP NUBAR MENINGOCOCCAL 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) days or more nights.

Check one box and sign below

My Child has: _____

Had the meningococcal meningitis immunization (MenomuneTM) within the past 10 years.

Date received: _____

[Note: the Vaccine's protection lasts for approximately 3 to 5 year. 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 risk of not receiving the vaccine. I have decided that my child (I) will not obtain immunization against meningococcal meningitis disease.

Signed _____
(Parent / Guardian if student is a minor)

Date _____

Camper's Name _____

Date of birth _____

Mailing Address _____