

International Riding Camp



Birchall Road • Greenfield Park, NY 12435 • (845) 647-3240
www.horseridingcamp.com

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Please return no later than May 1.

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):
