



Scouting America
Greater Hudson Valley Council
18 Westage Dr. Suite 19
Fishkill, NY 12524
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 person under the age of 18 who stays overnight at 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)

Scout's Name: _____ Date of Birth : _____

Mailing Address: _____

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