



**Hungarian Scout Association in Exteris
Külföldi Magyar Cserkészszövetség**

Camp Health Services

Tábori Egészségügyi Szolgálat

Sándor Sík Scout Camp
5098 Robinson Road, Fillmore, N. Y., 14735
Telephone (585) 567-8594

New York State Public Health Law requires the operator of an overnight children's 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 (I) will **not** obtain immunization against meningococcal meningitis disease.

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

Date _____

Camper's name: _____ Date of Birth: _____

Mailing Address: _____

