

Meadowmount School of Music
Return this form with your Health Forms

MENINGOCOCCAL MENINGITIS VACCINATION
RESPONSE FORM

New York State Public Health Law requires that Meadowmount have on file a completed response form from every camper / student who attends camp / school for seven (7) or more consecutive nights.

Check one box and sign below:

For students under the age of 18 years old:

My child has had the meningococcal meningitis immunization within the past 10 years.
Date received: _____

(Note: If your child received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.)

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.

Print Student's Name: _____

Signed: _____ Date: _____
(Parent / Guardian)

For students 18 years of age or older:

I had the meningococcal meningitis immunization within the past 10 years.
Date received: _____

(Note: If your child received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.)

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 I will not obtain immunization against meningococcal meningitis disease.

Print Student's Name: _____

Signed: _____ Date: _____
(Student 18 years old or older)

Due on **May 15**, at Meadowmount School of Music, 1424 Country Route 10, Westport, NY 12993

