



# Rob Koll's C-Brand Wrestling Camp 2017

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## **MENINGOCOCCAL MENINGITS VACCINATION** **RESPONSE FORM**

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

**Check one box and sign below:**

- ☐ My child has had the meningococcal-conjugate vaccine (MCV4), for example Menactra™ or Menveo™

Date received: \_\_\_\_\_

[Note: The Centers for Disease Control and Prevention (CDC) recommend two doses of MCV4 for all adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster at age 16. Adolescents in this age group with HIV infection should get 3 doses: 2 doses 2 months apart at 11 or 12 years, plus a booster shot at age 16.

If the first dose ( or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16<sup>th</sup> birthday, a booster is not needed]

- ☐ 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 email address (optional): \_\_\_\_\_