



# Meningococcal Meningitis Vaccination

Casowasco Camp and Retreat Center

Dear Parent/Guardian:

We are writing to inform you about the meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a law in New York State. On July 22, 2003, the New York State Public Health Law (NYS PHL) was amended to include §2167 requiring overnight children's camps to distribute information about meningococcal disease and vaccination to the parents or guardians of all campers who attend camp for 7 or more nights. This law became effective on August 15, 2003.

Law requires Casowasco Camp & Retreat Center to maintain a record of the following for each camper:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the camper's parent or guardian; **AND**
- Information on the availability and cost of meningococcal meningitis vaccine (Menomune™); **AND EITHER**
- A record of meningococcal meningitis immunization within the past 10 years; **OR**
- An acknowledgement of meningococcal meningitis disease risks and refusal of meningococcal meningitis immunization signed by the camper's parent or guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death. Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States – types A, C, Y, and W-135. These types account for nearly two thirds of meningitis cases among teens and young adults. Information about the availability and cost of the vaccine can be obtained from your health care provider.

We encourage you to carefully review the enclosed material. **Please complete the Meningococcal Vaccination Response Form and return it to:**

**Casowasco Summer Forms  
158 Casowasco Drive  
Moravia, NY 13118**

To learn more about meningitis and the vaccine, please feel free to contact Casowasco and/or consult your child's physician. You can also find information about the disease at the New York State Department of Health website:

[WWW.HEALTH.STATE.NY.US](http://WWW.HEALTH.STATE.NY.US) and [WWW.CDC.GOV/NCIDOD/CBMD/DISEASEINFO](http://WWW.CDC.GOV/NCIDOD/CBMD/DISEASEINFO).

Sincerely,

Casowasco Staff



# Meningococcal Meningitis Vaccination Response Form

Casowasco Camp and Retreat Center

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 on box and sign below.**

My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years.  
Date Received: \_\_\_\_\_

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 Email address (optional): \_\_\_\_\_