



Dear Parent,

As required by New York State law, I write to inform you of a potentially fatal bacterial infection commonly referred to as meningitis. This New York State Public Health law was amended on July 22, 2003 requiring overnight camps to distribute information about meningococcal disease and vaccination information to parents/guardians of all at camp under the age of 18, who will be at camp for more than seven nights. The law went into effect on August 15, 2003.

Camp Dudley is required 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/guardian: AND
- Information on the availability and cost of meningococcal meningitis vaccine; AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years, OR
- An acknowledgement of meningococcal meningitis risks and refusal of meningococcal meningitis immunization signed by the parent/guardian for the camper under age 18.

Meningitis is rare. However, when it strikes, its flu-like symptoms, makes diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal columns, 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 causes 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 and by visiting the manufacturer's Web site at [www.meningitisvaccine.com](http://www.meningitisvaccine.com)

I encourage you to carefully review all the enclosed information, complete the Meningitis Vaccination response form and return the form to camp along with the completed Health Care form. These forms MUST be completed before your son enters camp. To learn more about meningitis and vaccine, please feel free to contact your local public health department or your health care provider. You can also find information about the disease at the New York State Department of Health Web site: [www.HEALTHSTATE.NY.US](http://www.HEALTHSTATE.NY.US) or at the Center for Disease Control and Prevention (CDC) Web site: [www.CDC.GOV/NCIDOD/DEMO/DISEASEINFO](http://www.CDC.GOV/NCIDOD/DEMO/DISEASEINFO).

Sincerely,

Sheila Kapper,  
RN/Head Nurse



**Required for CAMP DUDLEY ONLY  
MENINGOCOCCAL MENINGITIS VACCINATION  
RESPONSE FORM**

Camper Name: \_\_\_\_\_

Camp #: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper under the age of 18 who attends camp for seven (7) or more nights.

I have read the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine.

1) I have decided that my son will/will not obtain immunization against meningococcal meningitis disease. (**circle will or will not**)

2) My son has had the meningococcal meningitis immunization.  
Date received: \_\_\_\_\_

Vaccine Name: \_\_\_\_\_

There have been two different vaccines distributed with different recommendations for repeating boosters. Please be specific to which immunization your son received.

\*\*Parent/Guardian signature: \_\_\_\_\_

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

PLEASE COMPLETE AND SEND TO CAMP DUDLEY BY MAY 1<sup>ST</sup>  
126 DUDLEY ROAD  
WESTPORT, NY 12993  
OR FAX TO 518-962-4320

\*\* You **must** sign this form whether or not your son receives the meningitis vaccine.