



Camp Lakota 2017

Meningitis Awareness Form

(Please return this form, by June 1st to our offices at
Michael.childs@camplakota.com or fax 845-402-7440

Recently a new law was passed by New York State Senate requiring overnight camps to distribute information about meningococcal disease and vaccination to our parents. Camp Lakota must maintain a record signed by you that we have sent information about meningococcal meningitis immunization within the last ten years or a refusal of immunization signed by you.

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 liquid surrounding the brain and spinal column as well severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death. Cases of meningitis among teens and young adults 15-24 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 2/3 of the 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 website at www.meningitisvaccine.com

Please check one statement below and sign.

My child HAS had meningococcal immunization within the last 10 years.

If yes, date received _____

I have read the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that my child will NOT receive immunization against it.

Camper Name (please use an individual form for each camper)

Signature of Parent/Guardian

Date