

Camper and Staff Health and Emergency Information

As parent or legal guardian of _____, (a) Minor, I authorize Tzipporah Vinagray or Stephen Tollin to act as my agent in a medical emergency as it concerns the health of the above named minor.

I understand that efforts will be made to contact me as soon as possible by any of the above named individuals or the agent of the doctor or the hospital.

I can be reached at _____ or _____

My house address is _____

City / State/ Zip _____

My primary Health care Provider is _____

Member Name _____

Membership # _____ Group # _____

Company Address _____

City / State/ Zip _____

Family Doctor _____ Phone # _____

Special medical Information _____

Medication Used: _____

Parents Signature _____ Date _____

Please Print Name _____

Meningitis Vaccination Response Form

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

Check one box and sign below.

☐ My child has had Meningococcal meningitis immunization (Menomune TM) with in the past 10 years.

Date Received: _____

(Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.)

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand that risk of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Signed _____ Date _____
(Parents/Guardian)

Camper's Name: _____ Date of Birth _____

Mailing Address: _____

Parent's/ Guardian's Email address (optional): _____

*This form is also for Bungalow Colonies