

New York State Public Health Law requires the operator of an overnight children's camp 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 the meningitis immunization (Menomune TM) within the past 10 years.
Date received: _____
(Note: the vaccine's protection lasts approximately 3 - 5 years. Revaccination may be considered within 3 - 5 years.)
- I have read, or have had explained to me, the information regarding meningitis disease.
I understand the risks of not receiving the vaccine. I have decided that my child will NOT obtain immunization against meningitis disease.

Signed: _____ Date: _____
(PARENT/GUARDIAN)

Camper's name: _____ Date of Birth: _____

MEDICATIONS PLEASE READ CAREFULLY

If you will be sending medications with your child they need to be labeled for the individual child. Prescription medication cannot be shared between campers due to health department regulations. Prescription medication, as well as over-the-counter (OTC) medication, taken regularly must be accompanied by a doctor's order.

TO THE PHYSICIAN:

OTC MEDICATIONS: Please write doses that are not standard for these OTC MEDICATIONS. Also, cross off those that this child MAY NOT take due to drug interaction, allergy, etc. These generic medications are available in our infirmary if needed.

Anti-fungal cream _____	Ibuprofen _____
Benedryl 25mg _____	Imodium _____
Benedryl cream _____	Neosporin _____
Cala-gel _____	Pepto-Bismol _____
Cough drops _____	Robitussin _____
Dimetapp _____	Saline nose drops _____
Ear drops/Swimmers _____	Suedephed _____
Eye drops _____	Tums _____
Hydrogen Peroxide _____	Tylenol _____

PRESCRIPTION MEDICATION:

Name of medication: _____	Dosage: _____	When taken: _____
Name of medication: _____	Dosage: _____	When taken: _____
Name of medication: _____	Dosage: _____	When taken: _____
Name of medication: _____	Dosage: _____	When taken: _____

ORDERS: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

PARENT: I acknowledge that my child will be self-administering his/her medication under the supervision of the medical staff. My child recognizes the medication and knows the correct dosage.

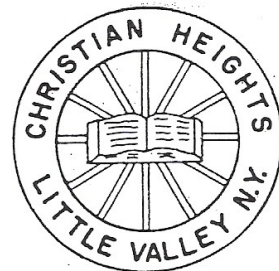
PARENTAL SIGNATURE: _____ **DATE:** _____

For camp intake: exposure: _____ sores: _____
rash: _____ other: _____ int _____

CHRISTIAN HEIGHTS, INC.

9414 Dutch Hill Road, Little Valley, NY 14755

Telephone: (716) 938-6800



Dear Parent:

On July 22, 2003, New York State public health law was amended to include § 2167 requiring overnight children's camps to distribute information about meningitis 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.

Christian Heights is required to maintain a record of the following for each camper:

- A response to receipt of meningitis disease and vaccine information signed by the camper's parent or guardian; AND
- Information on the availability and cost of meningitis vaccine (Menomune tm.); AND EITHER
- A record of meningitis immunization within the past 10 years; OR
- An acknowledgment of meningitis disease risks and refusal of 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 15-24 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 and by visiting the manufacturer's website at www.meningitisvaccine.com.

I encourage you to carefully review the enclosed materials. **Please complete the Meningococcal Vaccination Response Form and BRING IT TO CAMP AT TIME OF CAMPER REGISTRATION WITH THE COMPLETED HEALTH FORM.**

To learn more about meningitis and the vaccine, please feel free to contact your county health dept. and or your physician. You can also find information about the disease at the New York State Department of Health website: www.HEALTH.STATE.NY.US, and www.CDC.GOV/NCIDOD/DBMD/DISEASEINFO.

Sincerely,

Lauretta J. Peters
Christian Heights Camp
Health Director