

Greenburgh Eleven Union Free School District
PUPIL PERSONNEL SERVICES

Dorothy Riolo, Supervisor

P.O. Box 501
Dobbs Ferry, New York 10522-0501
(914) 693-8500 Ext. 214
Fax (914) 693-4029

Dear Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a new law in New York State. On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) 2167 requiring residential schools to distribute information about meningococcal disease and vaccination to all students in grades 7 – 12.

Greenburgh Eleven UFSD is required to maintain a record of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the student's parent or legal guardian (or the student if he is 18 years of age or older); AND
- Information on the availability and cost of meningococcal disease and 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 student's parent or guardian (or the student if he is 18 years of age or older).

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.

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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.

I encourage you and your child to carefully review the enclosed materials. **Please complete the Meningococcal Vaccination Response Form and return it to: Greenbush 11 UFSD, P.O. Box 501, Dobbs Ferry, New York, 10522-9914 within 10 days of this notice.** Note: Per public health law, no institution should permit any student to attend the institution in excess of 30 days without complying with this law. The 30 day period may be extended to 60 days if a student can show good faith to comply.

To learn more about meningitis and the vaccine, please feel free to contact me, Supervisor of Pupil Personnel Services at (914) 693-8500 ext. 214 and/or contact 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, Website of the Centers for Disease Control and Prevention (CDC): www.cdc.gov/ncidod/dbmd/diseaseinfo, ACHA's Website: www.acha.org.

Sincerely,



Dorothy Riolo
Supervisor of Pupil Personnel Services

Greenburgh Eleven Union Free School District

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**GREENBURGH ELEVEN DAY STUDENT AND
RESIDENTIAL SCHOOL MENINGOCOCCAL VACCINATION
RESPONSE FORM**

New York State Public Health law requires that all parent and guardians of residential school students in grades 7 – 12, complete and return the following form to: Pupil Personnel Services, Greenburgh Eleven UFSD, P.O. Box 501, Dobbs Ferry, New York 10522-9914.

Check one 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. My child will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider and I will forward proof of immunization to the school upon completion.

I 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 if student is a minor)

Print Student's Name _____ Date of Birth _____

E-Mail Address _____ Student ID# _____

Mailing Address _____

Phone Number (____) _____