

NOTICE AND DECLARATION REGARDING  
ADMINISTRATION OF VACCINE(S)

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[PARENT NAME] parent and/or legal guardian and/or custodian of

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[CHILD(REN)'S NAME(S)]

[SECTION I]

I hereby state that I do not give my consent to the taking of any medical action in the nature of a vaccine or similar allegedly virus-preventing physical intervention, by the administration of an injection or otherwise (hereinafter, "Vaccine"), to my above-named minor child(ren) without my express written informed consent, irrespective of my child's expressed desires regarding administration of the Vaccine. No such "informed consent" shall be deemed to have been given in connection with a contemplated administration of a Vaccine unless the following disclosures have been provided to me at least \_\_\_\_\_ days in advance of my written consent:

- a. A full accounting of the source of the Vaccine, including name and location of manufacturer and lot number;
- b. Information regarding satisfaction of storage, temperature, and chain of custody log requirements of the lot to be administered;
- c. A full accounting of the exact chemical and other contents of the Vaccine proposed to be administered, including potential allergens and adjuvants;
- d. Approved manufacturer- or FDA-issued instructions for the administration of the Vaccine, including number and amount of doses and, if multiple doses are required, restrictions or recommendations as to the timing of additional dose(s);
- e. Contemplated or required "boosters" recommended or required following the initial Vaccine administration(s);
- f. Date of final FDA approval [if licensed] or date of FDA emergency use authorization [if unlicensed] of the Vaccine to be administered and any limitations of such approval or authorization in terms of age and medical condition of the subject patient (e.g., patient "co-morbidities," pregnancy status, age and previous experience with the virus sought to be prevented);
- g. Confirmation that the administrator of the Vaccine has been informed of any vaccines or medications that have been provided to my child(ren) within 90 days prior to the date of administration of the Vaccine;
- h. Checklist of pre-existing medical conditions for which the Vaccine is not recommended and contraindications in connection with patient's existing drug regimen(s);
- i. Potential adverse side effects according to FDA-approved manufacturer disclosure and study results recognized by FDA or the American Medical Association (AMA), the New England Journal of Medicine or similar medical journal, showing percentage of patients experiencing each negative side effect;

j. Number of reported adverse events—through the Vaccine Adverse Event Reporting System (VAERS), other CDC or independently maintained databases, recognized medical journals, or otherwise—from the administration of the Vaccine, and the reported severity and resolution of such events (e.g., hospitalization, type of temporary or permanent injury, or death) through the most recent date such information is available;

k. Names, contact information, and medical qualifications and licensures of the individual(s) who will administer the Vaccine; and

l. Confirmation of the sterility of the environment in which the Vaccine will be administered.

[SECTION II]

I hereby disclaim and revoke any alleged prior consent to the administration of any Vaccine (including any booster shot in connection therewith) to my child(ren) and demand that any alleged authorized consent thereto by any other person or entity, including my child(ren)'s other parent or custodian and any children's protective services or similar agency or authority claiming to have Vaccine authorization rights, be disclosed to me in writing immediately and that I be given an opportunity to engage counsel and obtain a court order to challenge such alleged third-party authorization.

If you propose to offer a Vaccine to my child(ren), in addition to the disclosure above, you must submit the following to me in writing prior to administration of the Vaccine and reasonably in advance so that I have an opportunity to adjust my schedule as needed:

1. The precise description of the Vaccine (i.e., type and manufacturer);
2. The proposed time and place of the administration of the Vaccine in a manner that will allow me to be present for the Vaccine administration;
3. Confirmation of my right to terminate or revoke my consent to the administration of the Vaccine at any time with or without cause;
4. Confirmation of your willingness to review and accommodate any reliable information I may provide to you that may bring into question the safety and effectiveness of the proposed Vaccine or indication that a different Vaccine may be indicated for my child(ren) based upon my child(ren)'s unique medical and other conditions and characteristics;
5. The name of the insurer, policy number, coverage and limits of any policy of insurance that would provide benefits to you in the event of any claim by me on behalf of my child(ren) or any member of my family arising from the administration of the Vaccine to my child(ren) and any subsequent death, disability, or other vaccine injury.

This shall constitute notice to you and any agent acting on your behalf (to whom you shall be obligated to provide this notice) that in the event that you administer any Vaccine to my child(ren) without satisfying the terms hereof and without my express written informed consent, you shall be held liable for any adverse consequences from the administration of the Vaccine to my child(ren) or any family member of such child(ren).

[SECTION III]

I further caution you that I shall hold you liable for any adverse emotional, psychological, or other harm to my child(ren) from any threats, ostracization, defamation, or coercion of my child(ren), me, or any member of my family and further caution you that you may be subject to criminal charges and civil money penalties for any conduct that a court may find to have been an assault upon my child(ren) or defamation, menacing, harassment, or other prohibited actions in connection with the subject of this notice. You are advised that it is my position that:

1. It is a violation of the Hippocratic oath of any medical professional recommending the administration of a vaccine to a patient solely in order to achieve "herd immunity" when the potential adverse outcomes from the administration of the vaccine to an individual patient outweigh the potential benefits to be achieved by the administration of the vaccine to the patient.
2. It is a violation of the First Amendment of the U.S. Constitution for any governmental authority to prohibit the expression of an opinion regarding the advisability of receiving a vaccine.
3. It is a violation of a citizen's civil rights under the U.S. Constitution to administer a vaccine without informed consent.
4. An unemancipated minor has no ability under U.S. law to give informed consent to any medical procedure.
5. The Nuremberg Code prohibits forced human experimentation. It states with respect to such experiments, "The voluntary consent of the human subject is absolutely essential."

For COVID-19 vaccines specifically:

6. The approval of any COVID-19 vaccine under an emergency use authorization basis by the FDA is invalid because such authorization is conditioned upon the absence of available treatments to address the symptoms of the virus and there are such available treatments.
7. COVID-19 Vaccines are an experimental gene therapy. As such, they constitute an experimental medical procedure as per the Nuremberg Code.

Your failure to respond and object to the terms of this Notice and Declaration within 30 days of delivery shall constitute an acknowledgment of all representations herein and agreement to take the actions described herein, including the requirement for my written authorization for administration of any Vaccine to my child(ren).

Sincerely,

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[SIGNATURE]

[DATE]

For more information or to make additional copies of this document go to:

[www.healthfreedominformation.org](http://www.healthfreedominformation.org)

The information in this material is intended to assist readers in making educated decisions about vaccination and is not intended to advise for or against the use of vaccines. Neither is it intended to provide any medical advice whatsoever. In support of informed decision-making, the authors encourage everyone to research and become fully informed about the complications of infectious diseases, the complications of vaccines or medical treatments, and consult one or more trusted health care professionals before making a decision about health procedures or vaccinations.