## NOTICE OF NON-CONSENT TO MEDICAL PROCEDURES

By this letter correspondence you are hereby notified that participant(s) or student(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is/are a minor child(ren) subject to my legal care, custody, and decision is/are **NOT** to be provided with any medical procedure, *including but not limited to* Covid-19 or other vaccination, inoculation, swabs, experimental gene modulation or modification, surgery, medication of any type, or any other process or procedure of any type whether invasive or otherwise, beyond that immediately necessary and in an emergency to save the child's life from imminent death and *in no such case shall include any vaccine or inoculation* *procedure.* As such, no offering shall be made to child of any aforementioned prohibited procedure(s) and no “agreement” made by child without agreement of all legal parents or guardians shall be deemed consent nor deemed lawful.

Any violation of this Notice of Non-Consent shall constitute egregious battery and other tortious wrongdoing and shall subject any and all participants to both personal and official capacity liability. The fact that any child attends preschool, school, daycare, or other such educational or other facility or program does **NOT** constitute permission or consent, whether express or implied, to any not specifically consented to medical procedure. You may contact me or my legal counsel listed below if there are any questions or concerns.

Upon signing, this document shall remain legally binding for as long as my/our child is a patient/student/member of your institution, and no changes may be made to this contract without full written consent signed by all legal parents or guardians. Authorized school or other program representative receiving this NOTICE agree and ensure the program or school health office/ school nurse, or other medical agent and principle, vice principle, teacher and other staff and administration are properly notified.

Thank you in advance for your attention and courtesy in these regards.

**Child/ Children’s Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Legal Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s contact info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Legal Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Legal Guardian’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Legal Guardian’s contact info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Received by School or Program Agent):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Signed

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Position Date