

To:

By Certified Mail

_____ School

Legal Dept.

NOTICE OF WARNING REGARDING UNDISCLOSED VACCINES

As the parent of _____ I hereby instruct any and all persons associated with _____ school that no injections, vaccines, or inoculations of any kind shall be administered to my child without my express knowledge and written consent. Any violation of my wishes for informed consent so clearly expressed may result in civil and criminal actions being initiated against any and all parties directly or indirectly responsible for such involuntary medical procedures, to the fullest extent of the law.

Signed and witnessed this _____
Date

Parent

Sign

print

Witness

Sign

print