

# Question letter for your school

To (NAME OF HEAD TEACHER) Head Teacher of (SCHOOL NAME).

I am (CHILD/S NAME) parent/mother/father/legal guardian. I was recently informed that the Government will possibly be introducing Covid-19 vaccinations to children of (CHILD/S NAME) age.

At this current time, i have some concerns and questions regarding the Covid-19 vaccination and i was hoping that, before (CHILD/S NAME) is given the vaccination, you would answer the following questions. Until i am satisfied with the response to all of the following questions, currently I DO NOT give consent for (CHILD/S NAME) to receive the Covid-19 vaccine.

1. Would you please advise me on the approved legal status of the vaccine which you wish to administer and if it is experimental.
2. Would you please provide details and assurances, that the vaccine has been fully, independently and rigorously tested against control groups and the subsequent outcomes of those tests.
3. Would you please advise me of the full list of contents of the vaccine they will be given and if any are toxic to the body?
4. Would you please advise me of all the adverse reactions associated with this vaccine, since its introduction.
5. Would you please confirm that the vaccine you are advocating, is NOT “experimental MRNA gene altering therapy”.
6. Would you please confirm, that (CHILD/S NAME) will not be under any duress from yourselves, in compliance with the Nuremberg Code?
7. Would you please advise me of the likely risk of fatality, should (CHILD/S NAME) be unfortunate to contract Covid-19 (being unvaccinated and vaccinated) and the likelihood of recovery?

Once i have received the above information in full and i am satisfied that there is NO threat to the health of (CHILD/S NAME), i will be happy to give consent for (CHILD/S NAME) to receive the treatment, but with certain conditions, namely that,

- A. You confirm, that (CHILD/S NAME) will suffer no harm.
- B. Following acceptance of this, the offer must be signed by a fully qualified doctor, who will take full legal and financial responsibility, for any injuries occurring to (CHILD/S NAME), and/or from any interactions by authorised personnel, regarding these procedures.
- C. If (CHILD/S NAME) at any time, develop any adverse reactions as a result of the vaccine administered, the person administering the vaccine, the school, the doctor

(see B), the person who has informed the previous mentioned to administer the vaccine to (CHILD/S NAME), will take full legal and financial responsibility.

- D. In the event that any of the requirements requested are not met and that i should decline the vaccination of (CHILD/S NAME), please confirm that it will not compromise the learning of my child and that they will not suffer prejudice and discrimination as a result.

I would also advise, that their inalienable rights are reserved.

I reiterate, until i am satisfied with the response to all of the above questions and points, I DO NOT give consent to anyone administrating the Covid-19 vaccine to (CHILD/S NAME). If, and only when I am satisfied with the response to the above questions and points that i have raised, will I give my consent.

I would appreciate acknowledgement of receipt of my letter and i will await your response to the above questions.

Thanking you

(YOUR NAME)