Principal’s Name  
Nurse’s Name  
Teacher’s Name   
School Address  
City, State Zip  
Emails  
  
Date

**RE: NOTICE OF RECISION OF CONSENT AND NON-CONSENT TO CERTAIN MEDICAL PROCEDURES**

Dear Names:

Please accept the following as notice that I / we do **not** consent to any medical procedure or product being administered to my / our child(ren) without my /our express writtenconsent. By way of this letter, I / we are hereby informing you that we **rescind** any and all formerly granted and are **expressly withholding consent for any employee or agent of this school or school district from performing medical procedures or administering medical products to my / our child as they relate to SARS-CoV-2 (“Covid-19”), including but not limited to vaccines, masking, or testing**. I / we expressly choose not to enter my / our child into these medical trials.

For avoidance of doubt, each of the current medical procedures and products being administered by school districts and schools in California as they relate to Covid-19 require informed consent under federal law. 21 U.S. Code § 360bbb-3. In California, a minor cannot consent to medical care unless they are emancipated pursuant to Family Code section 6922, which involves a long and rigorous formal process. Further, a minor cannot be entered into a medical trial by their parent(s) without their parents’ express consent and, even then, *only if* there is a benefit and a minimal risk to the child. 45 CFR 46.404,45 CFR 46.408. Where there is a *greater than minimal* risk to the child, there must first be a “direct benefit” to that specific child, and any risk must be “as favorable as” those presented by alternative approaches. 45 CFR 46.405. Whereas, here, Covid-19 has a stratified 99.97% recovery rate for children, products like Ivermectin are available for early treatment and prevention, and masks and tests are making children sick and injuring them, none of these elements can be met and it is a direct violation of federal law to administer any of these Covid-19 related products to any minor child, with or without their parent’s consent. Note that any person who willfully fails to obtain informed consent is subject to monetary penalties of $25,000 per experiment per Health and Safety Code section 24176.

**If you, the school, and/or district fail – or refuse – to follow this written directive, you face both civil and criminal liability, personally and in your official / representative capacities,** under Business and Professions Code section 2052 which could be charged as a misdemeanor or felony, as well as Penal Codesections 192b, 273a and 273c, among others. **The Federal Public Readiness and Emergency Preparedness Act shields “covered entities” from liability for any harm caused by a “countermeasure” developed in response to a public health emergency.** “Covered entities” includes the developers, manufacturers, distributors, and administrators of the countermeasures; ***neither schools nor districts are one of these.***

To be clear:

**Under no circumstance are you to provide any medical advice or administer any drug, test, mask, or vaccine to my / our child outside of the presence of myself or our attorney.**

**Under no circumstance will you speak to, reprimand, or advise my / our child regarding his or her health or medical treatment alone, with any adult no matter who they are, including but not limited to school nurse, principal, teacher, coach, medical professional, administration or staff on campus, etc., or any other public or private entity outside of the presence of myself or our attorney.**

**Under no circumstance are you to demand, inquire or ask my / our child to fill out a form, respond to written, oral or digital questions about her health choices, doctor’s information, insurance information, or other private medical information outside of the presence of myself or our attorney.**

Please ensure that this document is available in my / our child’s student profile, to all of his / her teachers, coaches, and applicable staff, as well as the school nurse and any other school official or representative who might otherwise attempt to administer, provide, coerce, give, or force any of the above-referenced medical treatment, care, advice, etc. whether or not directly contracted and / or employed by the school.

Sincerely yours,

<ENTER PARENT NAMES HERE>   
Phones  
Emails

NAMES OF CHILD(REN):   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_