

SUGGESTED IMPLEMENTATION OF THE VACCINATION NOTICE

The following notice is designed to inform your doctor, hospital or school of the reasons you are opposed to their administering vaccines to your child and that you **do not consent**. See *Notice* <http://legal-dictionary.thefreedictionary.com/Notice> The reasons listed on the notice are easy to validate. This approach should help put an end to the endless pressure that pediatricians and school personnel inflict on vaccine-aware parents.

FILLING OUT THE NOTICE

1. Write the name of your child at the top in the space provided, for example:

As the parent of *Sally Doe*, I declare the following:

2. Write the name of your state in all caps letters. For example:

I am aware that LEGISLATORS for the STATE OF *OHIO* have passed corporate statutes

3. The next empty space is for the name of the public health department in your state. This information can be located on the Dun and Bradstreet web site. Just type in the name of the institution, select the appropriate state and the corporate name will be displayed. It is important that you enter the information in all caps which are used to identify corporations. For example:

I am aware that physician or institutional records are frequently reviewed by the *HEALTH, OHIO DEPARTMENT OF*, a corporation headquartered in *COLUMBUS, OH* and listed on Dun and Bradstreet,

4. At the bottom, the notice has a space for the parent's signature and the signature of two witnesses. Do not use all caps. Of course the dates need to be identical. An acceptable alternative to two witnesses would be to sign in front of a notary and have them stamp it for you. For example:

Parent/Guardian: *Susan Jane Doe* Address: *2525 Maple Lane, Grove City, Ohio*

Signature: *Susan Jane Doe* Date: *5-19-13*

Witness: *Richard Smith* Date: *5-19-13*

Witness *Anna Thomas* Date: *5-19-13*

DELIVERING THE NOTICE

This notice requires little discussion. Just hand it to the nurse, doctor or clerk, or attach it to the *Refusal to Vaccinate* or the *PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS* forms¹. Politely explain that you are not comfortable with the vaccine risks and wish to have this notice placed in the child's records so you don't have to bring in a new one each time your child sees the doctor or nurse. If asked where you obtained the document, simply say from another parent, which is true. Giving more information is not required and is not advisable. Citing websites or vaccine aware organizations just motivates those in the vaccination-distribution-business to track down and discredit folks that are doing their best to bring good information to the public.

Do not answer detailed questions about your objections to any vaccine or the source of your information. Just repeat what is on the notice; "I am aware of multiple scientific peer-reviewed papers that have exposed the dangers of many vaccines." Doctors and nurses are well armed with 'talking points' designed to overcome all claims you might make regarding vaccines and nearly all authors you might site. According to Russell Blaylock, MD there are lots of peer-reviewed articles on this topic for doctors and nurses to read. It is their job to seek this information. It is not your job to provide it to them. The notice just states facts and is designed to be self-explanatory.

Should the clerk, doctor, or nurse refuse to accept your notice, politely explain that their decision to accept your notice as the "agent" is not optional as it is directed to the "principal" as well. If they still refuse, write the name of the agent, his/her position and the date on the bottom of your notice. Save the notice for your records. The next step is to send it certified mail to the physician, hospital administrator or superintendent of schools.

¹ The only info the parent should provide on these forms is name of the child and "see attached addendum". Anything more can be used against the parent AND the doctor, as these forms are designed to be tracked.

Vaccination Notice
Notice to agent is notice to principal
Notice to principal is notice to agent

As the parent of _____, I declare the following:

I am aware that those ordering and/or administering vaccines have been granted immunity from liability should my child suffer from a vaccine caused injury or illness. The Vaccine Injury Compensation Trust Fund is not an acceptable alternative to me.

Unless I receive the vaccine manufacturer's package inserts, I have not been given full disclosure regarding any vaccine. CDC or public health vaccine pamphlets and/or websites are not acceptable alternatives. (reasons listed below)

I am aware that vaccine schedules have been established by the CDC and are promoted by public health departments and other various organizations. I do not accept CDC recommendations as science-based. (reasons listed below)

I am aware that LEGISLATORS for the STATE OF _____ have passed corporate statutes mandating certain vaccines for attendance in educational institutions. As the LEGISLATORS have no medical training and can easily be influenced by drug company lobbyists, I do not accept their mandates as science-based. To the best of my knowledge I have signed no contract with these LEGISLATORS, therefore their corporate vaccine rules and statutes do not apply to myself or my family.

I am aware of multiple scientific peer-reviewed papers that have exposed the dangers of many vaccines as well as the "herd immunity myth" of 1933.

I am aware that many physicians are paid higher reimbursement rates for administering vaccines.

I am aware that physician or institutional records are frequently reviewed by the _____, a corporation headquartered in _____ and listed on Dun and Bradstreet, and who receive monetary compensation from the CDC to perform this function. Therefore, the state public health department's recommendations and actions are influenced by the 'fiscal' health of their own corporation.

I do not recognize the CDC as a government health advocacy organization. It is a corporation listed on Dun and Bradstreet and headquartered in the STATE OF GEORGIA, with strong ties to the pharmaceutical industry. Therefore, their recommendations are influenced by the 'fiscal' health of their corporation.

I do not recognize the AMERICAN ACADEMY OF PEDIATRICS nor the AMERICAN ACADEMY OF FAMILY PHYSICIANS as health advocacy organizations. They are both corporations (listed on Dun and Bradstreet) that are headquartered in the STATE OF ILLINOIS and the STATE OF KANSAS, whose monetary compensation from the vaccine manufacturers contributes to the 'fiscal' health of their corporations.

I have concluded that failure to follow CDC vaccine recommendations is less likely to "endanger the health or life of my child or others" than following their recommendations.

As parent or guardian I am obligated by law to protect my child from harm and/or injury. So, for the reasons I have listed and more, I deny permission for anyone to administer CDC recommended vaccines to my son/daughter unless they provide me with the vaccine package insert, allow me to determine if the health risks are acceptable, and sign a document stating that they *personally* (not the Vaccine Injury Compensation Trust Fund or other corporation) will be responsible for any injury or illness the vaccine they administer might cause.

NOTE: This document can be used to protect those that administer vaccines (physicians, nurses or others) or are obliged to adhere to corporate statutes from any punitive statutory actions or penalties.

Parent/Guardian: _____ Address: _____

Parent's Signature: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____