

(Your Address)
Email: (Your Email Address here)

(Today's Date)

For the attention of (Name of Headteacher)
(Address of School)

Dear (Name of Headteacher)

Re: [NAME OF CHILD]

NOTICE OF THE REFUSAL OF CONSENT TO RECEIVE THE COVID-19 VACCINATION

I am writing following the email/letter [delete as appropriate] dated [inset date] which I received from [inset name of school] ("the School") informing me that the School will have health practitioners on the school site on [inset date the school will be administering the vaccine] to administer the COVID-19 vaccination ("the vaccine") to pupils. The purpose of this letter is to inform you that as parent to (name of child) **I DO NOT CONSENT** to my child receiving the trial vaccine. I also **DO NOT ACCEPT** that you or any other professional can override my refusal of consent by attempting to use "Gillick Competency" if my child says they agree to have the vaccine against my wishes.

REFUSAL OF CONSENT AND REASONS WHY

1. The Joint Committee on Vaccination and Immunisation (JCVI) have been very clear that the risk benefit threshold has not been reached. Their report dated [19 July 2021](#) states:

"Any decision on deployment of vaccines must be made on the basis that the benefits of vaccination outweigh the risks to those people who are vaccinated."

and: *"At this time JCVI does not consider that the benefits of vaccination outweigh the potential risks. Until more safety data has been accrued on the safety of these unlicensed trial vaccines and their significance for children and young people has been more thoroughly evaluated, a precautionary approach is preferred."*

Their subsequent report on [3rd September](#) states:

*"The available evidence indicates that the individual health benefits from COVID-19 vaccination are small in those aged 12 to 15 years who do not have underlying health conditions which put them at risk of severe COVID-19. The potential risks from vaccination are also small, with reports of post-vaccination myocarditis being very rare, but potentially serious and still in the process of being described. Given the rarity of these events and the limited follow-up time of children and young people with post-vaccination myocarditis, **substantial uncertainty remains regarding the health risks associated with these adverse events.**"*

and: *"The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time. As longer-term data on potential adverse reactions accrue, greater certainty may allow for a reconsideration of the benefits and harms. **Such data may not be available for several months.**"*

It is of great concern, that the JCVI decision has been over-ruled by the Chief Medical Officers and the Secretary of State.

2. The Pfizer vaccine is still only under temporary emergency approval for children aged 12-15 years. It uses completely new gene-based mRNA technology as opposed to traditional vaccines which use a live or attenuated virus. This technology has never previously been used in vaccines administered in either children or adults.
3. The Pfizer trial for children commenced in early 2021 in the US, with only 1131 12–15-year-olds in the treatment (vaccine) arm of the trial and followed for only 2 months. The adult trial included only 138 16- & 17-year-olds. This trial size was wholly underpowered to be able to identify any less common adverse reactions that may occur. There is limited short-term and NO long-term safety data available.
4. The benefits of the vaccine for children are close to zero. The same cannot be said for the risks, which are both known and unknown. Several side effects are known to occur more frequently in younger age groups.
5. It has been shown that children play an insignificant role in transmission. Living with children may also reduce the risks of COVID-19. Transmission in schools has not been significant. Furthermore, the Trials have not shown that the vaccines reduce asymptomatic infection or transmission, nor were the trials designed to obtain this information. Public Health England have confirmed that viral loads are the same whether vaccinated or unvaccinated.
6. Naturally acquired immunity in children has been shown to be broad and long-lasting.
7. Serious adverse events and vaccine-related deaths in adults have been reported in the UK, the US and Europe. MHRA records these events by its yellow card scheme and VAERS, which is a passive reporting scheme that is believed to only capture a small percentage of adverse events. Many vaccine-related deaths and serious side-effects have been reported in the UK and international media. As of 1st September 2021, there were 1,186,844 reported adverse reactions in the UK, including seizures, paralysis, blindness, strokes, blood clots and acute cardiac events, and 1632 deaths were reported. Some life-threatening events, such as blood clots and myocarditis have been reported, which appear to occur more frequently in children and young adults. The CDC is currently investigating hundreds of reports of myocarditis following vaccination in teenagers in the US. Follow-up of affected children is ongoing. As stated above, several children under 18 have sadly died.
8. Vaccine manufacturers have been granted complete immunity from liability for any injuries or deaths caused by the vaccine. A spokesperson for AstraZeneca said they *“simply cannot take the risk if in ... four years the vaccine is showing side-effects”*. Children should not be expected to take this risk with their short and long-term health when they have their whole life ahead of them and COVID-19 presents very little, if any, risk to them. Government compensation is strictly limited.
9. Taking into account all of the above I have concluded that there is very little, if any benefit, to [insert name] receiving the vaccine. The risks far outweigh any benefits to my child. I am therefore not prepared to consent to my child receiving the vaccine.

GILLICK COMPETENCY

10. As the parent of [insert name of child] I have parental responsibility until [name of child] turns 16. As such I am legally able to make important medical decisions such as this on behalf of [name of child].
11. I am aware that some schools and/or medical practitioners may attempt to disregard my decision and argue that my child is "Gillick competent" and should be allowed to decide for themselves if they want the vaccine. I am stating here that I will not accept any attempt to override my decision by relying on Gillick Competency.
12. The test to assess whether a child under 16 is competent to make a medical decision was set down in the case of *Gillick v West Norfolk and Wisbech Health Authority [1985]*. It requires the child to have "*a sufficient understanding and intelligence to enable them to comprehend fully what is proposed*". The child must be able to: "*understand the nature and implications of the decision and the process of implementing that decision*;
and also to: *understand the implications of not pursuing the decision*"
13. The determination of competence must be decision-specific, child-specific, made with the specific factual context in mind, and based on the available evidence. This is an important requirement in light of consent for the vaccine.
14. Even if a child were deemed 'Gillick Competent', vitally they must still provide valid consent. In order to be valid, ie lawful, consent must be given:
 - i) voluntarily and freely without pressure or undue influence being exerted on the person either to accept or refuse treatment;
 - ii) informed which means age-appropriate information to understand the nature and purpose of the treatment as well and any relevant information pertaining to risks and likelihood of success, side-effect and complications - in particular serious adverse outcomes;
 - iii) treatment options including options not to treat; and
 - iv) sufficient time for them to decide
15. As I am sure you are aware, children are often subject to peer pressure from their fellow pupils. They need to fit in. They need to conform, etc. Children also look up to their teachers and are also influenced by the media and celebrities. There has been a huge push on the vaccines in the media and by various well-known celebrities. I am also aware that highly misleading pro-vaccine literature has been circulating in some schools to encourage children to take the vaccine. See this link to an Open Letter regarding a recent BBC Newsround episode shown in schools which contained inaccurate and misleading information <https://www.ukmedfreedom.org/open-letters/open-letter-to-professor-devi-sridhar-re-bbc-newsround-episode-on-childrens-vaccines>
16. For these reasons, it simply cannot be the case that a child will be able to make a fully informed decision, free from any peer pressure. This is of course a crucial requirement for competency following the decision at paragraph 14 above.
17. Finally, the completely novel technology of the vaccine, the lack of full safety data, the high number of serious adverse events being reported, and the fact that the vaccine is still in clinical trials (thus experimental), all make it difficult and complex for an adult to provide their fully informed consent. For children, the JCVI and the CMOs with all the knowledge and information at their disposal have been unable to reach an agreement. Applying the test at paragraph 12 above, it is not possible for a child to be Gillick Competent for this vaccine.

SUMMARY

18. I do not consent to the vaccine.

19. I do not accept that Gillick Competency can or should be used for my child (or indeed any other child) when it comes to this vaccine.

20. I therefore require your confirmation **within 48 hours of the date of this letter** that you and any medical practitioner attending at the School:

- i) will not ask [insert name] if they want the vaccine;
- ii) will not seek to invoke Gillick Competency;
- iii) will advise me immediately should [insert name] attempt to consent to receiving the vaccine;
- iv) will not administer the vaccine under any circumstances without notifying me and specifically discussing this matter with me.

21. I place you on notice that administering or facilitating the administration of the vaccine without fully informed consent will be considered unlawful and potentially assault upon my child.

I look forward to receiving your urgent response.

Yours sincerely,

Signature

[Name, BLOCK CAPITALS]

Parent / Carer [delete as appropriate]

I, [insert name of child], have discussed all the information with my parent/carers given all the vaccination data available to me and have made an informed choice that this vaccination is not in my best interest.

I DO NOT CONSENT TO ANY COVID-19 VACCINE

MY DECISION IS PERSONAL AND I DO NOT CONSENT TO DISCUSS THIS ISSUE IN SCHOOL

Signature.....

[Name, BLOCK CAPITALS]