

(Your Address)

(Email)

Dated: (Today's Date)

For the attention of (Headteacher, Governing Body & Local Education Authority)
(Address of School/Education Authority)

Dear Sir/Madam

Re: (Child's Name) - (Child's Date of Birth) – Class (Class Number)

I wish it to be known and understood that as from the date appearing on this document that **I as parent/guardian for (Child's Name) DO NOT GIVE PERMISSION or CONSENT** for any COVID 19, SARS-CoV2 testing or ANY VACCINATIONS including Covid, Flu Mist and/or any other's deemed necessary by the school.

Any breach whatsoever of my wishes and “In accordance with my child's Human rights (Article 6.1 UK law and Article 6.1 & 6.3 2005 UNESCO Bioethics Human Rights 2005 statement”):

UNESCO Bioethics & Human Rights 2005

Article 6.1 – Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and **may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.**

Article 6.3

In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

I wish it to be known that I DO NOT give consent and I refuse to allow any form of Coronavirus, Covid19 or SARS Cov2 testing or vaccinations including Flu Mist to be

conducted or performed either internally or externally on any part of my child's body.

Any such attempt in contravention of my wishes will be treated as common assault upon my child and in contravention of my child's human rights mentioned above and will be the subject of prosecution in law of those involved in this action.

Signed (Parents Signature)

(Name in block capitals)

Your Name

Witnessed

Witness Name