**NOTICE OF NO CONSENT**

*“CONSENT” is defined as “permission for something to happen or agreement to do something”. In the context of medicine this often involves a patient providing permission, consent, for a treatment or investigation. Gaining consent is the ethical and the legal requirement of all medical practitioners. All persons have a right to preserve their bodies integrity. If consent is not obtained, a doctor could be sued for battery and medical negligence. A virtuous doctor would always wish to seek to obtain consent. The law permits a competent adult the right to refuse lifesaving treatment even where a doctor determines this to be in the patient’s best interest, patient views must be respected. The law permits that consent is required from the parent or guardian of all children under the age of 16.*

**[enter date]**

Dear Dr/Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I [enter full name] DO NOT GIVE CONSENT**

I **[enter full name]** **DO NOT** consent to receiving the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and any other such vaccines that you wish to administer. To continue is medical battery in a court of law.

I **[enter name**] **DO NOT** give consent for my son/daughter **[enter full name**] to receive the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and any other such vaccines that you wish to administer. To continue is medical battery in a court of law.

Studies have demonstrated that vaccines are extremely harmful to both short and long term health which can and lead to premature death.

In order for consent to be given a patient must be fully informed about the treatment, benefits and risks. The patient must competent to provide consent, and consent must be provided voluntarily without cohesion.

For fully informed consent to be considered please provide the following information:

1. At least one double-blind placebo-controlled study that proves the safety and effectiveness of vaccines
2. Scientific evidence on any study which confirms the long-term safety and effectiveness of vaccines
3. Scientific evidence which proves that any disease reduction at any point in history was directly attributable to the vaccination of a population
4. Scientific justification as to how injecting a human being with a confirmed neurotoxin is beneficial to human health and prevents disease
5. Scientific justification on how bypassing the respiratory tract or mucous membrane is advantageous and how directly injecting viruses into the bloodstream enhances immune functioning and prevents future infections
6. Scientific justification on how a vaccine would prevent viruses from mutation
7. Scientific justification as to how a vaccination can target a virus in an infected individual who does not have the exact viral configuration or strain the vaccine was developed for

Further to this, as vaccines place the recipient at risk of developing a wide range of diseases and conditions, you are also required to complete, sign and return the enclosed Liability Statement, in the presence of three witnesses.

Please respond with substance and the requested proofs of claim within ten (10) days, failure to do so will be deemed to mean that no such proofs exist and that it is your medical opinion that the proposed vaccination is not safe.

Yours sincerely

[sign, print & date]

A long term double-blind placebo based study for vaccine safety: <https://www.rescuepost.com/files/mawson-et-al-2017-vax-unvax-jnl-translational-science.pdf>

Over 1400 published PubMed studies on vaccines: <https://www.wellnessdoc.com/1200studies/?fbclid=IwAR3gulQdIJbnTCqFou__Fe3iN7KjXB9_Gh8ssgewcTke_ZzDZmIhr511JKU>

**Liability Statement**

I, Dr/Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the physician administering the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ vaccine, have thoroughly examined the patient Mr/Mrs/Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have determined that the patient does not have any of the conditions listed below.

I therefore accept full responsibility and full commercial liability should the patient be subsequently diagnosed with any of the following conditions as a result of receiving this vaccine:

**[The disease that the vaccine was designed to inoculate against]**, allergic reactions, coma, stroke, anaphylactic death, sudden death, ADHD, autism, AIDS, cancer, pneumonia, encephalitis, meningitis, dementia, Alzheimer’s disease, hepatitis, Epstein-Barr disease, encephalopathy, febrile convulsions, non-febrile convulsions, paralytic poliomyelitis and Guillain-Barre syndrome.

Signed in the presence of three witnesses:

Dr./Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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