[Sender’s Name] [Sender’s Street Address]

[Sender’s Town/City, State, Postal Code]

[Sender’s phone number and or email address]

Thursday, 26 August 2021

[Principal/Director Name] [School Street Address]

[School Town/City, State, Postal Code]

Re: Withdrawal of consent for Covid-19 Vaccines

Dear Principal/Director,

I am writing to you regarding my child, [name] who is in grade [grade] at your school.

Both [name] and I have some concerns that we would like to address in writing regarding the covid-19 vaccine.

I do not consent to the covid-19 vaccine/s being administered to [name]. As a family we understand the risks and benefits of this vaccination and choose for our child not to receive it.

Furthermore, I do not consent to my child receiving any coronavirus testing at school. If they develop symptoms of illness, I will keep them at home as I would with any other illness and arrange any necessary testing or treatment myself.

I do not consent to any detainment of my child on school premises or elsewhere for any reason. I expect [name] to return home at the usual time every day unless I have given my express permission otherwise.

Finally, you are not to discuss this procedure, or any other medical procedure related to Covid-19 with my [insert child’s name] unless I am present with him/her.

Please reply to this letter at your earliest possible convenience acknowledging my concerns and agreeing that my child will not be subject to any measures I have not expressly offered my consent for.

[Parent Name]

[Signature of Parent]