

PARENTS/GUARDIAN MEDICAL NON-CONSENT FORM

FOR MINOR CHILD RELATING TO THE COVID-19 VACCINE, COVID-19 TESTING
& OTHER MEDICAL TREATMENTS FOR THE _____ SCHOOL YEAR

I, _____, being the parent or legal guardian for the minor child listed below, hereby DO NOT CONSENT to and DO NOT PERMIT the administration of the COVID-19 vaccine, or any other medical treatments, or medical testing to my child without my physical presence AND my express and informed consent.

I request that any discussion concerning any vaccinations, medical treatments, medical testing suggested or considered for my child will be brought to my attention, and not to my child directly. Any decisions regarding the aforementioned will be made solely by me, in consultation with my family's own medical professional(s).

Furthermore, I DO NOT CONSENT to my minor child being taken from school premises without my express consent.

This Notice revokes and supersedes any previous consents, implied or expressed, provided on behalf of my child in relation to any medical treatment, vaccination or testing.

Name of Child

Name of Parent or Guardian (PRINT)

Signature of Parent or Guardian

Date