

Parent Refusal CV Vaccination Sample Letter for School

Date

Principal XXXXX
XXXXXX School
XX Liberty Drive
XXXXX, NY

Dear School Principal:

As you are aware, NYS vaccination rollouts are underway for children attending school facilities. With much alarm and concern, schools are now being operated as "medical testing facilities" instead being utilized for their primary purpose and responsibility of educating our children on reading, writing, and arithmetic within our community.

For your information and consideration, this letter is to duly notify you of my intent. I will NOT allow NOR comply with the Covid-19 vaccination rollouts.

This email informs you that I, ***NAME OF PARENT***, am the parent and legal guardian of ***CHILD'S NAME***. I DO NOT CONSENT, TO MY CHILD, BEING ADMINISTERED THE COVID-19 VACCINATION OR ANY OTHER VACCINATION other than my child's pediatrician.

It is also my right as their parent to refuse any medical procedure that I deem unnecessary.

I do not consent to anyone affiliated with ***NAME OF SCHOOL, NAME OF SCHOOL DISTRICT, NYSED, NAME OF TOWN, or COUNTY NAME DOH*** to administer the COVID-19 vaccination or any vaccination to my child.

Under no circumstances will I **EVER** give verbal consent via telephone, text, or email to allow my child to be administered with the COVID-19 vaccination or any other vaccination. If you need to confirm this with me, you **MUST** speak to me in person.

Mere attendance at school is **NOT INFORMED CONSENT**. To be clear, you do not have permission nor authority to administer my child with the Covid-19 vaccination or any other vaccination at school without my knowledge or consent.

This letter will serve as my refusal for my child to be vaccinated for COVID-19 or any other vaccination at school; a phone call will **NOT** supersede my parental authority.

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If my child is compelled to be COVID-19 vaccinated or with any other vaccination without my consent, I will pursue legal action immediately against the school, administrators, the person who administered the vaccination, **YOUR COUNTY DOH**, NYSED, NYSDOH, and its elected officials.

Please kindly reply to this email to acknowledge and confirm you have received and read it.

These are my parental rights.

Thank you for your time.

Regards,

CC: YOUR Child's Teachers (Optional)
Superintendent XXXXX
School Board President

NOTE for Parents:

1. Email to your principal. Put a read receipt prior to emailing
2. Mail hard copy to principal, be sure to use a registered receipt to ensure you have proof of delivery.
3. Follow up with your school/principal to make sure they understand your parental rights.