

**LETTER TO SCHOOL PRINCIPAL, TEACHER, NURSE
DO NOT CONSENT TO COVID-19 VACCINE DURING POP-UP SITE DAYS**

**COPY AND PASTE THE TEXT BELOW IN AN EMAIL OR LETTER TO THE SCHOOL BUT REMOVE
THE INFORMATION CONTAINED IN THE BRACKETS**

Dear _____ [INSERT PRINCIPAL, TEACHER and NURSE NAME HERE],

I, _____ [INSERT YOUR NAME], am the parent of
_____ [INSERT CHILD'S NAME]. It has been brought to my attention that
there will be a Covid-19 Vaccination Pop-Up Site to be located at _____
[INSERT SCHOOL NAME AND ADDRESS HERE].

Under NO CIRCUMSTANCES do I consent to my child receiving ANY vaccine and/or the Covid-19
Vaccine at any point without my presence and/or written consent.

**This letter shall serve as a formal notice to the school and any of the school's employees,
contractors, and/or union members, that my child is NOT TO BE VACCINATED nor receive the
Covid-19 vaccine while present at the school and/or site location, during the vaccination pop-
ups or vaccination days. My child SHALL NOT receive any vaccine WITHOUT MY PHYSICAL
PRESENCE and/or consent and my child SHALL NOT be asked by the school, any of the school's
employees, contractors, and/or union members, whether my child would like to take the
vaccine WITHOUT my knowledge and/or PHYSICAL PRESENCE. As such, under NO
circumstances, shall these discussions be held with my child without my presence.**

If you have any questions or concerns, please do not hesitate to contact me at:
_____ [INSERT YOUR TELEPHONE NUMBER HERE].

Very truly yours,

[SIGN AND TYPE YOUR NAME HERE]