

Non Consent,

Medical Interference,

Childs Name.....

Class.....

Name Of School.....

Date.....

To the Principal / Board of Management,

TAKE NOTE, that I do not consent to the above named child being administered with any vaccine / medical procedure, whether through nasal suspension or otherwise, or any Vaccine or medical procedure, without my prior written consent.

Furthermore, I do not consider the above named child to be a mature minor and in the circumstances where the School permits a Health care provider to seek consent from my child, in circumstances where my child has not reached the age of 16 years. I shall hold the Principal of the School, the Board of Management and the healthcare provider personally liable for any loss, damage and / or injury suffered by my child and for interference with my constitutional rights to safeguard the welfare of my child.

Signature of Parent / Guardian.....

Date.....