**VACCINATION NOTICE AFFIDAVIT**

**Notice to agent is notice to principal**

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As the living flesh and blood mother and father of ----------SON/DAUGHTER NAME-----I am prohibited by law from endangering my son/daughter ; therefore, I declare the following

1) I am aware that those ordering and/or administering vaccines have been granted immunity from liability should I/ or my child suffer from a vaccine caused injury or illness. Since the Supreme Court decision **Bruesewitz v. Wyeth (Feb 22, 2011),** drug companies are not required to insure their vaccine products are either safe or effective. The same decision defined vaccines as unavoidable unsafe. The Vaccine Injury Compensation Trust Fund is not an acceptable alternative to me. (Reason listed below - #10)

2) Unless I receive the vaccine manufacturer's package inserts, I have not been given full disclosure regarding any vaccine. CDC or public health vaccine information sheets and/or websites are not acceptable alternatives. (Reasons listed below - #4 & #5)

3) I am aware that vaccine schedules have been established by the CDC and are promoted by public health departments, the American Academy of Pediatrics and other organizations. I do not accept CDC recommendations as science-based. (Reasons listed below - #4 & #6)

4) I do not recognize the CDC as a government health advocacy organization. It is a corporation listed on Dun and Bradstreet and headquartered in the STATE OF GEORGIA, with strong ties to the pharmaceutical industry. Therefore, their recommendations are influenced by the 'fiscal' health of their corporation.

5) I am aware that physician records are reviewed by the **Massachusetts Department of Health**, a corporation headquartered in **Boston** and listed on Dun and Bradstreet, and who receive monetary compensation from the CDC to perform this function. Therefore, the state public health department's recommendations and actions are influenced by the 'fiscal' health of their corporation.

6) I do not recognize the AMERICAN ACADEMY OF PEDIATRICS nor the AMERICAN ACADEMY OF FAMILY PHYSICIANS as health advocacy organizations. They are both corporations (listed on Dun and Bradstreet) that are headquartered in the STATE OF ILLINOIS and the STATE OF KANSAS respectively, whose monetary compensation from the vaccine manufacturers contributes to the 'fiscal' health of their corporations.

7) I am aware that many physicians are paid higher reimbursement rates for administering vaccines.

8) I am aware that LEGISLATORS for the corporation known as the COMMONWEALTH OF MASSACHUSETTS, listed on Dun and Bradstreet, vote on statutes and rules for the COMMONWEALTH OF MASSACHUSETTS. As the LEGISLATORS have no medical training and can easily be influenced by drug company lobbyists and/or the CDC, I do not accept their corporate statutory mandates as science-based.

9) I am aware of multiple scientific peer-reviewed papers that have exposed the dangers of many vaccines as well as the "herd immunity myth" of 1933.

10) I am aware that the corporation HEALTH & HUMAN SERVICES, UNITED STATES DEPARTMENT OF (listed on Dun and Bradstreet and headquartered in WASHINGTON DC) determines claims paid from the Vaccine Injury Compensation Trust Fund via a secret administrative process and also profits from vaccine patents.

11) I have concluded that failure to follow the CDC recommendations about vaccination is less likely to endanger the health or life of my son/daughter or other sons and daughters than following their recommendations.

For the reasons I have listed and more, I do not consent to anyone administering any vaccine to my son/daughter unless they provide me with the vaccine package insert, allow me to determine if the health risks are acceptable, and sign a document stating that they (in their professional and personal capacity)*,* not me ----------NAME PERSON REQUIRING VACCINE-----accept the responsibility for any injury or illness (as defined by the International Medical Council on Vaccination) the vaccine they administer might cause my property (progeny), ----------SON/DAUGHTER NAME-----.

*NOTE: This document can be used to protect those that administer vaccines (physicians, nurses or others) or are obliged to adhere to corporate statutes from any punitive statutory actions or penalties.*

Parent/Guardian: Signature: Date:

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I hereby declare under penalty of perjury that the above information is complete, correct, and true to the best of my knowledge.

Subscribed and sworn to (or affirmed) before me on this\_\_\_\_\_\_\_\_\_ day of 2021,

 By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

( Notary)