



## PARENT- OR GUARDIAN-DECLARED COVID-19 IMMUNISATION EXEMPTION FORM

COVID-19 injections, vaccines or immunisations, that have been administered to the public under emergency use authorisations, have been associated with moderate to severe adverse events and deaths in a small proportion of recipients, including children. There are no long-term safety data from Phase 3 trials relating to children, and trials involving children remain limited and in no way are sufficient to accurately characterise either risks or benefits. As the immunisation has been rolled out among young people and children, adverse event data has been accumulating and are suggestive of an appreciable risk. Balanced against this is the risk posed by the SARS-CoV-2 virus that causes COVID-19 that, presently, appears negligible among healthy children. Individuals with medical concerns, along with those who have already had COVID-19 and acquired natural immunity, have justifiable grounds to not consent to COVID-19 immunisation. Such individuals may employ alternate approaches to reduce both transmission risk and risk of serious disease. UK and international law enshrines an individual's right to refuse any medical treatment or intervention without being subjected to penalty, restriction or limitation of protected rights or freedoms, as this would otherwise constitute coercion.

### Panel A

Child's full name (first name and surname):

Home address:

City: County/state:

Postal/zip code: Country:

Contact telephone: Contact email:

Child's date of birth (dd/mm/yyyy):

Nationality [if relevant]:

Passport number [if relevant]:

Parent or Guardian's full name (first name and surname):

Relationship to child:

### Panel B

The named child has a personal and/or familial medical history of allergic, anaphylactic or seriously debilitating reactions to foods, medications, vaccines or environmental chemicals

The named child has a personal and/or familial medical history of one or more autoimmune conditions or diseases

The named child has a personal and/or familial medical history of chronic fatigue syndrome (CFS), myalgic encephalomyelitis (ME) or other post-viral condition(s)

The named child has a personal and/or familial medical history of a neurological or inflammatory disease or condition

The named child has learning difficulties, autism spectrum disorder or another developmental disability

The named child is under medical supervision for an acute, serious or long-term disease

As the parent or guardian of the named child, I have serious concerns about the as-yet unknown long-term effects of COVID-19 vaccines on fertility, immune dysfunctions including ADE, auto-immunity, allergy or their potential to induce other complications

As the parent or guardian of the named child, I do not give my consent for the named child to received COVID-19 immunisation given inadequate available long-term safety data, and/or religious or philosophical reasons

The child has, or is previously suspected to have had, COVID-19 and accordingly is likely to have acquired natural immunity

### DECLARATION

I hereby declare that the information provided in this form is correct and true to the best of my information and belief. As the parent or guardian with parental responsibility for the child named above, I do not offer my consent for COVID-19 injections or related immunisations to be administered to the child.

Print name:

Signature:

Date: