

Notice and Declaration of Parental Authority Requirement of Disclosure and Safety of Medical Treatment/s

THIS FORM HAS THREE PARTS:

PART 1 Pages 1-2	Instructions for using the form/s. Read and retain this section.
PART 2 Pages 3-6	Notice and Declaration Regarding Administration of Vaccine(s) Two-Parent version.
PART 3 Pages 7-10	Notice and Declaration Regarding Administration of Vaccine(s) Single-Parent version.

NOTE TO PARENT/S: Be sure to document the date and time you submit the form:

NOTE TO UNITED STATES USERS: THIS FORM IS PROVIDED FOR PARENTS FOR INFORMATION PURPOSES ONLY AND DOES NOT CONSTITUTE LEGAL ADVICE OR ASSURANCE AS TO THE COMPLETENESS OR ACCURACY OF ANY TERMS OR DECLARATIONS. THE USER IS ADVISED TO SEEK COUNSEL IN THEIR JURISDICTION TO DETERMINE ANY APPROPRIATE MODIFICATIONS TO ACCOMMODATE LEGAL REQUIREMENTS OR PROVISIONS IN SUCH JURISDICTION.

Solari Report forms available as downloadable PDFs

Family Financial Disclosure Form for Covid-19 Injections

Form for Employees Whose Employers Are Requiring Covid-19 Injections under
Emergency Use Authorization

Form for Students Attending Colleges or Universities Requiring Covid-19 Injections
under Emergency Use Authorization

Notice and Declaration of Parental Authority Requirement of Disclosure and Safety
of Medical Treatment/s

Available from: solari.com/forms

INSTRUCTIONS FOR USING THESE FORMS

1. Choose the Two-Parent or Single-Parent form and fill in the blanks on the form.
2. Sign the form.
3. Make some photocopies of the form.
4. Send the original form by Certified U.S. Postal Mail to the person who is threatening to administer medical treatment to your child without your consent. If there is more than one party threatening, then put the cc's at the bottom of the notice and send the original to the main offender and send photocopies to any other possible offenders. It is best to use Certified U.S. Postal Service for all copies but any mail service that provides a signed receipt of delivery probably would hold up in court.
5. Keep photocopies and all mail receipts in a well-organized file.
6. ALWAYS respond to any rebuttal, threat or objection you receive. Repeat your denial of parental consent for medical treatment of your children after each correspondence from the offending institution. Threats are not rebuttals and probably are not productive. Unless the recipient can provide evidence of some form of right to determine your child's medical treatment (e.g., juvenile court order appointing a custodian or guardian), repeat your notice with a title "NOTICE OF NON-ACCEPTANCE OF AUTHORITY TO VACCINATE."
7. To be protected even more, if no response is received to the initial notice, send a second copy after 30 days with the title "SECOND NOTICE." Then, after 15 more days, send a third copy titled "THIRD NOTICE" and include these words: **"By your failure to respond, I/we consider you bound to the terms and requests in the original Notice that require you not to vaccinate my/our child(ren) without my/our informed consent as provided in such Notice."**
8. If anyone threatens any further medical treatment of your child, show them a copy of the correspondence and consider engaging qualified counsel to file an injunction in the appropriate local court.
9. If anyone actually administers medical treatment to your child after receiving the Notice(s), consider engaging qualified counsel to bring an action in the appropriate court for monetary damage for endangerment/harm of your child. You may need to engage a health-care provider to serve as an expert witness to provide an expert report and/or testimony as to the harm to your child(ren). Your prior notice of no informed consent will add major power to your lawsuit. (Be sure to engage qualified counsel in support of your position and be aware of the possible bias by the court. You may have some choice as to what court/judge may have jurisdiction to hear a case like this.)

Regards,

Jerry Day and Solari Team

**NOTICE AND DECLARATION REGARDING
ADMINISTRATION OF VACCINE(S)**

DATE: _____

FROM: [NAMES] _____

PARENTS OF: [NAME(S) OF CHILD(REN)] _____

[ADDRESS] _____

TO: [NAME] _____

[TITLE] _____

[ADDRESS] _____

[EMAIL] _____

CC: [AS APPROPRIATE, E.G., SCHOOL BOARD, OFFICE OF THE GOVERNOR, ETC.] _____

Certified mail return receipt requested.

**NOTICE AND DECLARATION REGARDING
ADMINISTRATION OF VACCINE(S)**

[PARENT NAMES]

parents and/or legal guardians and/or custodians of

[CHILD(REN)'S NAME(S)]

hereby state that we do not give our consent to the taking of any medical action in the nature of a vaccine or similar allegedly virus-preventing physical intervention, by the administration of an injection or otherwise (hereinafter, "Vaccine"), to our above-named minor child(ren) without our express written informed consent, irrespective of our child(ren)'s expressed desires regarding administration of the Vaccine. No such "informed consent" shall be deemed to have been given in connection with a contemplated administration of a Vaccine unless the following disclosures have been provided to us at least ____ days in advance of our written consent:

- a. A full accounting of the source of the Vaccine, including name and location of manufacturer and lot number;
- b. Information regarding satisfaction of storage, temperature, and chain of custody log requirements of the lot to be administered;
- c. A full accounting of the exact chemical and other contents of the Vaccine proposed to be administered, including potential allergens and adjuvants;
- d. Approved manufacturer- or FDA-issued instructions for the administration of the Vaccine, including number and amount of doses and, if multiple doses are required, restrictions or recommendations as to the timing of additional dose(s);
- e. Contemplated or required "boosters" recommended or required following the initial Vaccine administration(s);
- f. Date of final FDA approval [if licensed] or date of FDA emergency use authorization [if unlicensed] of the Vaccine to be administered and any limitations of such approval or authorization in terms of age and medical condition of the subject patient (e.g., patient "co-morbidities," pregnancy status, age and previous experience with the virus sought to be prevented);
- g. Confirmation that the administrator of the Vaccine has been informed of any vaccines or medications that have been provided to our child(ren) within 90 days prior to the date of administration of the Vaccine;
- h. Checklist of pre-existing medical conditions for which the Vaccine is not recommended and contraindications in connection with patient's existing drug regimen(s);

- i. Potential adverse side effects according to FDA-approved manufacturer disclosure and study results recognized by FDA or the American Medical Association (AMA), the *New England Journal of Medicine* or similar medical journal, showing percentage of patients experiencing each negative side effect;
- j. Number of reported adverse events—through the Vaccine Adverse Event Reporting System (VAERS), other CDC or independently maintained databases, recognized medical journal, or otherwise—from the administration of the Vaccine, and the reported severity and resolution of such events (e.g., hospitalization, type of temporary or permanent injury, or death) through the most recent date such information is available;
- k. Names, contact information, and medical qualifications and licensures of the individual(s) who will administer the Vaccine; and
- l. Confirmation of the sterility of the environment in which the Vaccine will be administered.

We hereby disclaim and revoke any alleged prior consent to the administration of any Vaccine (including any booster shot in connection therewith) to our child(ren) and demand that any alleged authorized consent thereto by any other person or entity, including any children's protective services or similar agency or authority claiming to have Vaccine authorization rights, be disclosed to us in writing immediately and that we be given an opportunity to engage counsel and obtain a court order to challenge such alleged third-party authorization.

If you propose to offer a Vaccine to our child(ren), in addition to the disclosure above, you must submit the following to us in writing prior to administration of the Vaccine and reasonably in advance so that we have an opportunity to adjust our schedules as needed:

1. The precise description of the Vaccine (i.e., type and manufacturer);
2. The proposed time and place of the administration of the Vaccine in a manner that will allow us to be present for the Vaccine administration;
3. Confirmation of our right to terminate or revoke our consent to the administration of the Vaccine at any time with or without cause;
4. Confirmation of your willingness to review and accommodate any reliable information we may provide to you that may bring into question the safety and effectiveness of the proposed Vaccine or indication that a different Vaccine may be indicated for our child(ren) based upon our child(ren)'s unique medical and other conditions and characteristics;
5. The name of the insurer, policy number, coverage, and limits of any policy of insurance that would provide benefits to you in the event of any claim by us on behalf of our child(ren) or any member of our family arising from the administration of the Vaccine to our child(ren) and any subsequent death, disability, or other vaccine injury.

This shall constitute notice to you and any agent acting on your behalf (to whom you shall be obligated to provide this notice) that in the event that you administer any Vaccine to our child(ren) without satisfying the terms hereof and without our express written informed consent, you shall be held liable for any adverse consequences from the administration of

the Vaccine to our child(ren) or any family member of such child(ren). We further caution you that we shall hold you liable for any adverse emotional, psychological, or other harm to our child(ren) from any threats, ostracization, defamation, or coercion of our child(ren), us, or any member of our family and further caution you that you may be subject to criminal charges and civil money penalties for any conduct that a court may find to have been an assault upon our child(ren) or defamation, menacing, harassment, or other prohibited actions in connection with the subject of this notice.

You are advised that it is our position that:

1. It is a violation of the Hippocratic oath of any medical professional recommending the administration of a vaccine to a patient solely in order to achieve “herd immunity” when the potential adverse outcomes from the administration of the vaccine to an individual patient outweigh the potential benefits to be achieved by the administration of the vaccine to the patient.
2. It is a violation of the First Amendment of the U.S. Constitution for any governmental authority to prohibit the expression of an opinion regarding the advisability of receiving a vaccine.
3. It is a violation of a citizen’s civil rights under the U.S. Constitution to administer a vaccine without informed consent.
4. An unemancipated minor has no ability under U.S. law to give informed consent to any medical procedure.
5. The Nuremberg Code prohibits forced human experimentation. It states with respect to such experiments, “The voluntary consent of the human subject is absolutely essential.”

For COVID-19 vaccines specifically:

6. The approval of any COVID-19 vaccine under an emergency use authorization basis by the FDA is invalid because such authorization is conditioned upon the absence of available treatments to address the symptoms of the virus and there are such available treatments.
7. COVID-19 Vaccines are an experimental gene therapy. As such, they constitute an experimental medical procedure as per the Nuremberg Code.

Your failure to respond and object to the terms of this Notice and Declaration within 30 days of delivery shall constitute an acknowledgment of all representations herein and agreement to take the actions described herein, including the requirement for our written authorization for administration of any Vaccine to our child(ren).

Sincerely,

[SIGNATURES]

**NOTICE AND DECLARATION REGARDING
ADMINISTRATION OF VACCINE(S)**

DATE: _____

FROM: [NAME] _____

PARENT OF: [NAME(S) OF CHILD(REN)] _____

[ADDRESS] _____

TO: [NAME] _____

[TITLE] _____

[ADDRESS] _____

[EMAIL] _____

CC: [AS APPROPRIATE, E.G., SCHOOL BOARD, OFFICE OF THE GOVERNOR, ETC.] _____

Certified mail return receipt requested.

**NOTICE AND DECLARATION REGARDING
ADMINISTRATION OF VACCINE(S)**

[PARENT NAME]

parent and/or legal guardian and/or custodian of

[CHILD(REN)'S NAME(S)]

hereby state that I do not give my consent to the taking of any medical action in the nature of a vaccine or similar allegedly virus-preventing physical intervention, by the administration of an injection or otherwise (hereinafter, "Vaccine"), to my above-named minor child(ren) without my express written informed consent, irrespective of my child's expressed desires regarding administration of the Vaccine. No such "informed consent" shall be deemed to have been given in connection with a contemplated administration of a Vaccine unless the following disclosures have been provided to me at least ____ days in advance of my written consent:

- a. A full accounting of the source of the Vaccine, including name and location of manufacturer and lot number;
- b. Information regarding satisfaction of storage, temperature, and chain of custody log requirements of the lot to be administered;
- c. A full accounting of the exact chemical and other contents of the Vaccine proposed to be administered, including potential allergens and adjuvants;
- d. Approved manufacturer- or FDA-issued instructions for the administration of the Vaccine, including number and amount of doses and, if multiple doses are required, restrictions or recommendations as to the timing of additional dose(s);
- e. Contemplated or required "boosters" recommended or required following the initial Vaccine administration(s);
- f. Date of final FDA approval [if licensed] or date of FDA emergency use authorization [if unlicensed] of the Vaccine to be administered and any limitations of such approval or authorization in terms of age and medical condition of the subject patient (e.g., patient "co-morbidities," pregnancy status, age and previous experience with the virus sought to be prevented);
- g. Confirmation that the administrator of the Vaccine has been informed of any vaccines or medications that have been provided to my child(ren) within 90 days prior to the date of administration of the Vaccine;
- h. Checklist of pre-existing medical conditions for which the Vaccine is not recommended and contraindications in connection with patient's existing drug regimen(s);

- i. Potential adverse side effects according to FDA-approved manufacturer disclosure and study results recognized by FDA or the American Medical Association (AMA), the *New England Journal of Medicine* or similar medical journal, showing percentage of patients experiencing each negative side effect;
- j. Number of reported adverse events—through the Vaccine Adverse Event Reporting System (VAERS), other CDC or independently maintained databases, recognized medical journals, or otherwise—from the administration of the Vaccine, and the reported severity and resolution of such events (e.g., hospitalization, type of temporary or permanent injury, or death) through the most recent date such information is available;
- k. Names, contact information, and medical qualifications and licensures of the individual(s) who will administer the Vaccine; and
- l. Confirmation of the sterility of the environment in which the Vaccine will be administered.

I hereby disclaim and revoke any alleged prior consent to the administration of any Vaccine (including any booster shot in connection therewith) to my child(ren) and demand that any alleged authorized consent thereto by any other person or entity, including my child(ren)'s other parent or custodian and any children's protective services or similar agency or authority claiming to have Vaccine authorization rights, be disclosed to me in writing immediately and that I be given an opportunity to engage counsel and obtain a court order to challenge such alleged third-party authorization.

If you propose to offer a Vaccine to my child(ren), in addition to the disclosure above, you must submit the following to me in writing prior to administration of the Vaccine and reasonably in advance so that I have an opportunity to adjust my schedule as needed:

1. The precise description of the Vaccine (i.e., type and manufacturer);
2. The proposed time and place of the administration of the Vaccine in a manner that will allow me to be present for the Vaccine administration;
3. Confirmation of my right to terminate or revoke my consent to the administration of the Vaccine at any time with or without cause;
4. Confirmation of your willingness to review and accommodate any reliable information I may provide to you that may bring into question the safety and effectiveness of the proposed Vaccine or indication that a different Vaccine may be indicated for my child(ren) based upon my child(ren)'s unique medical and other conditions and characteristics;
5. The name of the insurer, policy number, coverage and limits of any policy of insurance that would provide benefits to you in the event of any claim by me on behalf of my child(ren) or any member of my family arising from the administration of the Vaccine to my child(ren) and any subsequent death, disability, or other vaccine injury.

This shall constitute notice to you and any agent acting on your behalf (to whom you shall be obligated to provide this notice) that in the event that you administer any Vaccine to my child(ren) without satisfying the terms hereof and without my express written informed consent, you shall be held liable for any adverse consequences from the administration

of the Vaccine to my child(ren) or any family member of such child(ren). I further caution you that I shall hold you liable for any adverse emotional, psychological, or other harm to my child(ren) from any threats, ostracization, defamation, or coercion of my child(ren), me, or any member of my family and further caution you that you may be subject to criminal charges and civil money penalties for any conduct that a court may find to have been an assault upon my child(ren) or defamation, menacing, harassment, or other prohibited actions in connection with the subject of this notice.

You are advised that it is my position that:

1. It is a violation of the Hippocratic oath of any medical professional recommending the administration of a vaccine to a patient solely in order to achieve "herd immunity" when the potential adverse outcomes from the administration of the vaccine to an individual patient outweigh the potential benefits to be achieved by the administration of the vaccine to the patient.
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3. It is a violation of a citizen's civil rights under the U.S. Constitution to administer a vaccine without informed consent.
4. An unemancipated minor has no ability under U.S. law to give informed consent to any medical procedure.
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7. COVID-19 Vaccines are an experimental gene therapy. As such, they constitute an experimental medical procedure as per the Nuremberg Code.

Your failure to respond and object to the terms of this Notice and Declaration within 30 days of delivery shall constitute an acknowledgment of all representations herein and agreement to take the actions described herein, including the requirement for my written authorization for administration of any Vaccine to my child(ren).

Sincerely,

[SIGNATURE]

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