



Human Rights Advocates
www.humanrightsadvocates.com.au



www.advocateme.com.au

Student COVID-19 Vaccine Declination Form

To Whom it May Concern (Principal, Doctor, Nurse, Teacher)

I am expressing my will as a student of (name of school) to NOT comply to the matter of being subjected to the COVID 19 injection.

This decision is final and non-negotiable.

I am NOT to be questioned, intimidated, persecuted, coerced and/or discriminated against because of my parent's / guardian's and my personal decision. Any engagement of this nature will be documented and reported to my parent/guardian for possible further investigation by the appropriate authorities.

I DO NOT consent to receiving the COVID 19 injection and repeat that NO discussion is to be entered into regarding my decision.

Finally, my parents and I request that I be treated with respect regarding my right to decide any medical intervention on my person.

Guardian's signature:

Student's signature:

Guardian's Name:

Student's Name:

Dated:

Dated:
