NOTICE OF LIABILITY
Parent/Guardian Refusal of Vaccination – 2025/2026

TO WHOM IT MAY CONCERN:

This Notice serves to formally declare that I, the undersigned parent/legal guardian of the minor named herein, do **NOT consent** to the administration of the **HPV**, **Tdap**, or **MenACWY** vaccines to my child as proposed by the Health Service Executive (HSE) as part of the school vaccination programme for the **2025/2026** academic year.

MEDICAL STATUS NOTICE:

My child is already diagnosed as being on the Autism Spectrum. I assert that this condition is linked to prior adverse neurological injury, including potential post-vaccination **encephalitis** – a risk which is **scientifically documented** in connection with **aluminium-based adjuvants** found in several vaccines.

RISK & LIABILITY WARNING:

Should any government body, school administrator, nurse, GP, or third-party vaccinator attempt to administer a vaccine without my **informed, written, and witnessed consent**, they will be held **personally and commercially liable** for any harm, injury or death that may occur.

This includes, but is not limited to: - Neurological injury (including regression into autism or seizure disorders) - Anaphylactic shock - Autoimmune disorders - Death

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LEGAL NOTICE:

Under **Irish and international law**, I assert my right to **informed refusal** of medical procedures. You are hereby placed on **Notice**. Any breach of this refusal constitutes a **trespass of bodily integrity** and may result in **criminal and civil prosecution**, including a **claim under tort law** for personal injury.

SIGNATURES:

Signed: _____ (Parent/Guardian)
Date: _____
Witness Signature: _____
Witness Name (Block Capitals): _____