To (Insert Principal name),

(School details)

I am writing to formally notify you of my decision to exercise my legal right to refuse any immunisations or vaccinations from being given to my son(s)/daughter(s), name(s) and date(s) of birth of child(ren).

I have made this decision based upon strong moral and ethical convictions that are supported by my religious beliefs and medical research.

As you may be aware, some of the ingredients used to construct vaccinations are:

Gelatine, faecal matter, foetal cells, sweepings from diseased children, horse serum, calf serum, heavy metals, foreign animal tissues, phenoxyethanol (anti-freeze), sodium hydroxide, ammonium sulphate, cadmium, formaldehyde (a carcinogen present in embalming fluid), aluminium phosphate (which is corrosive to tissue), copper, phenol (a carcinogen capable of causing paralysis, coma, necrosis and gangrene) and mercury (mercury and aluminium have been proved to damage the brain and nervous system).

Some of the side effects of vaccinations due to elements and substances listed above are:

Blood disorders, auto-immune disease, cerebral palsy, brain damage, paralysis, neurological impairment, monkey fever, Guillan-Barre syndrome, autism, mental retardation, premature aging, cancer and leukemia, multiple sclerosis, SIDS (sudden infant death syndrome), asthma and bronchitis, malaise, convulsions (epilepsy), seizure, encephalopathy (degenerative disease of the brain), thrombocytopenia (inflammation of the veins), cochlear lesion (loss of function of the inner ear), brachial plexus neuropathies (nervous disease of the arms, nerves and lymphatic), erythema (morbid redness of the skin), shock episodes (excessive screaming), chronic melancholy (child never smiling or laughing) and learning disabilities.

Notwithstanding the above, I am under no legal obligation to justify myself to you or provide the reasons behind my decision.

I would like to point out that I ensure son(s)/daughter(s) name(s) is receiving a healthy, nutritionally balanced diet, gets plenty of herbal/natural vitamin supplements and foods to maintain her health, well-being, and immune system.

She/he is active and gets adequate exercise and rest; and if at any point I feel that son(s)/daughter(s) name looks, behave, or expresses that she is unwell, I will not hesitate to get her seen by a medical professional.

I trust that you understand and respect my wishes as a parent. I would like to request a copy of this letter is put inside both mine and son(s)/daughter(s) name(s) medical records for future reference and it be added to computer records also.

I formally place you on notice that should you make any attempt at all to coerce, intimidate or discriminate against my child/children in any way as a result of my decision to not to accept a vaccination, I will proceed with legal action forthwith.

Mr Peter Maatouk, the Principal of Maatouks Law Group has provided me with this letter, he stands ready to commence any legal action if they become necessary.

I trust that I will not be forced to take such action here.

I thank you for your support and assistance in this matter.

Yours sincerely,

Your name, mother of child(rens) name(s)