**Opt-Out for COVID testing**

NOTICE AND WARNING OF **NO CONSENT FOR MEDICAL TESTING** AND TREATMENT

All medical procedures, including testing, must be *consensual* and performed by a licensed physician in order to be lawful. Non-consensual administration of a medical procedure is felony assault and battery whether or not administered by a licensed physician.

You may not conduct any medical procedure or testing on my body or the bodies of my children without written consent from me.

"Protection" of any "group" such as "the general public" may not be used as an excuse to violate individual rights.

If you attempt to perform any medical procedure on me or my children without my consent I am fully within my rights to use whatever force is necessary to prevent that.

Any person administering medicine without the consent of the patient and/or guardian is subject to, and fully liable for major compensation and penalties owed to the victim.

It is my policy to file criminal charges against those who coerce, threaten or perform medical procedures without patient consent.

By attempting any non-consensual medical procedure you are agreeing to all terms herein.

For your own safety I warn you to obey the law and only administer medical procedures to those who provide written consent.

In the United States the Constitution prohibits non-consensual medical testing and treatment (4th Am BOR). Internationally non-consensual medical procedures are prohibited by the Nuremberg Code and the Geneva Conventions. Most developed nations are signators to the Geneva Conventions and will enforce the principles therein. Additionally, I will invoke any of the numerous state and local laws and codes which call for penalties against the forced application of medicine.

**Be it stated here: I do *NOT* consent to unnecessary COVID testing for me or for the minor in my care. By signing this form, I am reminding the administration that my rights to participate in a public event, or school supported extracurricular activity may *not* be withheld without due process because of my decision to opt out of testing.**

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Participant Name Participant’s Signature

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Parent Name

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Parent Signature Date