Dear Sir/Madam,

VACCINATION OF MY CHILD

1 I understand that children over 12 are now eligible for vaccination against COVID-19. I understand further that it has been widely reported that parental consent is not required to vaccinate children over 12 years of age.

2 The Children's Act (Act 38 of 2005) in fact states that a child over the age of 12 years may consent to his or her own medical treatment **only if** the child has passed a test to determine that the child is:

2.1 of sufficient maturity; and

2.2 has the mental capacity to understand the benefits, risks, social and other implications of treatment.

3 My child, [NAME] is [AGE] years old.

4 I wish to place on record that I do not consent to my child being vaccinated against COVID-19.

5 I also wish to record that my child does not have the mental capacity or the maturity to understand the benefits and risks of treatment. The COVID-19 vaccine discussion is complex, and nuanced. New information emerges on a daily basis. The decision to vaccinate healthy young people is extremely controversial, for the very simple reason that the data (including efficacy and safety data) is not clear. My child is not capable of reviewing the literature on the safety and efficacy of the COVID-19 vaccines to be able to provide informed consent.

6 I am not against vaccines in general nor am I in principle against the COVID-19 vaccines. However, there is a clear bias in reporting in relation to COVID-19 and the vaccines and there are certain indisputable facts that I consider pertinent and that you may not have taken into account:

6.1 **Risk Faced by My Child -** My child faces near zero risk of death from COVID019. The infection fatality rate for children between the ages of 0 and 19 is 0.0027%, according to a recent Stanford University study.[1] Another study[2] endorsed by the World Health Organisation ("**WHO**") found that “the inferred infection fatality rates tended to be much lower than estimates made earlier in the pandemic,” and landed at a median rate consistent with that of flu (between 0.1% and 0.2% according to

1 https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1

2 https://apps.who.int/iris/handle/10665/340124

the United States Centers for Disease Control).[3] To say that my child faces a negligible risk of death from COVID-19 is to overstate the risk my child faces from COVID-19.

6.2 **Risk Faced by Staff and Other Children** – Vulnerable adults have had vaccines and several treatment options available to them for some time. There is no valid reason to place the virus burden on children. My child poses a negligible risk to school staff and other learners. Multiple studies[4] [5] have shown that there is minimal transmission from children to adults and other children. By way of mentioning only three, I note that:

6.2.1 In a study[6] conducted in North Carolina in the United States covering more than 90,000 students and staff, **no cases of in-school child-to-adult spread** were reported.

6.2.2 A study[7] done in Sweden at a time when community spread was prevalent and while children were not required to wear face coverings at school covered two million children aged 1 to 16 years old. **No deaths** from COVID-19 were recorded. The study found that school teachers were exposed to significantly **less risk** than other occupations other than healthcare (their relative risk was 0.43).

6.2.3 Another study,[8] in Norway, of children in the 5-13 year category, contact traced all children diagnosed with COVID-19 and tested them twice. It was confirmed that all of the infections identified came from the household setting and that there were **no secondary transmissions occurring at school** either to other learners or teachers. The study found that, "This prospective study shows that transmission of SARS-CoV-2 from children under 14 years of age was minimal in primary schools in Oslo and Viken, the two Norwegian counties with the highest COVID-19 incidence and in which 35% of the Norwegian population resides." "The results obtained during low to medium community transmission demonstrate the limited role of children in transmission of SARS-CoV-2 in school settings", they wrote.

6.3 **Vaccine Efficacy/Societal Benefit** – The societal benefit of administering the COVID-19 vaccines is based on an assumption that the vaccines prevent

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3 https://www.cdc.gov/flu/about/burden/past-seasons.html

4 https://academic.oup.com/cid/article/72/12/e1146/6024998

5 https://adc.bmj.com/content/early/2021/03/17/archdischild-2021-321604

6 https://pediatrics.aappublications.org/content/early/2021/01/06/peds.2020-048090

7 https://www.nejm.org/doi/10.1056/NEJMc2026670

8 https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.26.1.2002011

transmission. This assumption is now universally rejected by science[9] [10] and by public health authorities and even the manufacturers, especially in relation to recent variants. There is no real world evidence that the vaccines have reduced transmission of COVID-19. In a recent scientific paper,[11] the authors concluded that, "At the country-level, there appears to be no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases in the last 7 days. In fact, the trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people. Notably, Israel with over 60% of their population fully vaccinated had the highest COVID-19 cases per 1 million people in the last 7 days." Vaccinated people can be infected and can infect others.[12] This means that the societal benefit of the vaccines is conferred only on those who take it and protecting the rest of society is not a valid reason for vaccinating children. I also wish to note that children have not been a drain on the healthcare system in South Africa. Children 0-9 years old represented just 1.8% of hospital admissions in the second wave in South Africa and children 10-19 years old represented just 1.4% of admissions.

6.4 **Vaccine Safety** - trials of the COVID-19 vaccines will not be completed until 2023.[13] There have been numerous studies suggesting that the vaccines can cause serious side effects for children, including myocarditis and pericarditis.[14] The incidence of this is higher in teenage boys.[15] Adverse events reported in other parts of the world, including the United States, show that the COVID-19 vaccines are generating a considerable number of incidents that require investigation.[16] My child has limited knowledge of his/her medical history given that he/she was too young to recall prior medical treatments. S/he is therefore unable to conduct a proper risk assessment. The Department of Health recommends that children avoid "intense running, cycling and other cardiovascular activity for 5 to 7 days," and that within this period the child's heart rate should be monitored during mild forms of exercise.[17] This seems to me to be recognition of the heart issues associated with the vaccines. Children are prone to mild exercise all the time and it is not possible for me to monitor my child's heart rate. Nor is it practical for me to effectively ban my child from strenuous activity.

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9 https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733

10 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/

11 https://link.springer.com/article/10.1007/s10654-021-00808-7

12 https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4

13 https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1

14 https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html

15 https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1

16 https://www.openvaers.com/covid-data

17 https://sacoronavirus.co.za/2021/10/18/should-my-teen-have-a-vaccine/

6.5 **Natural Immunity** - Children experience such a mild form of COVID-19 that it is likely that many infections have been missed.[18] Recovered individuals have immunity against COVID-19 that is broader and longer-lasting than vaccine immunity.[19] My child has not been tested for immunity to COVID-19 and may already have been infected and recovered. There are studies suggesting that vaccination of recovered individuals presents a higher chance of adverse side effects.[20] [21]

6.6 **Medical Treatment** - Whether or not the COVID-19 vaccines are a "medical treatment" under the Children's Act is controversial. The fact is that my child is not sick and the vaccines do not prevent my child from becoming sick. The onus would be on whoever relies on the Children's Act to prove that it could be applied in this context.

6.7 **No Law** - There is no law in South Africa requiring children to be vaccinated against COVID-19.

6.8 **No Indemnity** – My child would have no claim, other than against the school, were my child to be injured by the vaccine.

7 Having discussed the issues with my child, I have determined that he/she does not have the mental capacity to understand the benefits, risks, social and other implications of treatment sufficiently to give informed consent. Moreover, given that the risks my child faces from a vaccine adverse event necessarily exceed those my child faces from COVID-19, there is no rational basis upon which my child might decide to vaccinate. Should my child purport to consent in these circumstances, said decision would therefore manifest a lack of mental capacity and maturity.

8 In light of the above, please be advised that should the school, in any way, permit or facilitate the vaccination of my child:

8.1 the act of vaccination will be considered to be an assault and I reserve my rights to institute criminal charges against the headmaster, the class teacher and all staff involved in the act of vaccination;

8.2 the school, the headmaster, the class teacher and all staff involved will be held liable for any and all damages that my child may suffer as a result of your actions, including the mental anguish of being subjected to an attempt to vaccinate my child and any damages my child may suffer as a result of a vaccine adverse event, including all costs of care;

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18 https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.14.2001248#abstract_content

19 https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1

20 https://www.medrxiv.org/content/10.1101/2021.04.15.21252192v1

21 https://www.medrxiv.org/content/10.1101/2021.08.19.21262111v1

8.3 the school, the headmaster, the class teacher and all staff involved will be held liable for any and all damages that I may suffer as a result of your actions; and

8.4 any costs that I may incur in having my child monitored for any vaccine adverse events, obtaining legal advice in relation to remedies against the school and pursuing any remedies that I may have, will be for the school's account.

9 My rights and those of my child remain reserved.

Yours faithfully,

[PARENT]

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I acknowledge receipt of this letter on behalf of [SCHOOL]

[NAME OF SCHOOL REPRESENTATIVE]