

VACCINES PROTECTION

As you have requested vaccines for my/our child(ren), it is my duty as a parent to protect them in the event of the vaccine(s) causing adverse reactions to my/our child(ren).

I am requesting you sign this indemnity form before you administer the vaccine as a protection for my/our child(ren).

In the event of my/our child(ren) becoming sick or other maladies following this vaccine, you the administer of the vaccine are responsible for damages totaling \$250M plus all the medical costs to correct it.

Should you choose to not sign this indemnity, which in effect states you cannot guarantee the safety of my/our child(ren), then it is my responsibility and right as a parent to refuse this vaccination.

Date: _____

Name and position: _____

Signature: _____