

NOTICE AND DIRECTIVE



My name is, be advised that
I, and my Parent/Primary Carer.....

DO NOT CONSENT to my having any immunisations, injections or inoculations of any type or booster shots (except for medications already advised to this school) in any shape or form, including oral and injection by anyone including and not limited to any doctor, nurse, health professional, any school staff member, administration person, subsidiary or any person outside of this school.

This **NOTICE AND DIRECTIVE** is effective for the entire duration of my school attendance at

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For any further clarification phone my Parent/Primary Carer immediately as below:

Student name

Parent name

Signed (student)

Phone

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Signed (parent)