

I/We, _____ the parents / guardians
of _____

hereby state that we have chosen to not vaccinate our child due to medical (and/or) religious/conscience concerns. We maintain that we have investigated the reported risks and benefits of vaccination. We maintain we are making a responsible and ethical choice for the following reasons:

1. Vaccination is a medical intervention performed on a healthy child that has the ability to injure or cause the death of the child;

2. The fact that there cannot be a guarantee that the deliberate introduction of live or killed microorganisms into the body of a healthy child will not compromise the health or cause the death of that child, either immediately or in the future;

3. There are no predictors in science that can give advance warning that injury or death may occur in any particular child that is vaccinated;

4. There are no proven assurances that the vaccine will protect the child from contracting the disease;

5. There is an absence of adequate scientific knowledge regarding the way vaccines interact with the human body on a molecular level.

Therefore, we believe that vaccination is a medical procedure that could reasonably be termed as experimental each time it is administered to a healthy child.

We accept full responsibility for the health of our child.

In the event any of “vaccine-preventable” disease outbreak in our community, our child is the one at risk, our child will remain home. We understand your facility would exclude our child and we will gladly make arrangements for our child stay home.

We are aware that Paragraph 16 of the NATIONAL EDUCATION POLICY ACT, 1996 (ACT NO. 27 OF 1996) ADMISSION POLICY FOR ORDINARY PUBLIC SCHOOLS states that on application for admission, a parent must show proof that the learner has been immunised against the following communicable diseases: polio, measles, tuberculosis, diphtheria, tetanus and hepatitis B. We are aware that paragraph 16 states that if a parent is unable to show proof of immunisation, the principal must advise the parent on having the learner immunised as part of the free primary health care programme. We understand that although we must be advised on immunising this is not a condition for admission.

We also acknowledge the advisement on vaccinating for the polio, measles, tuberculosis, diphtheria, tetanus and hepatitis B and confirm respectfully that we decline all vaccinations for our child.

We are also aware that section 9 (3) and (4) under the Bill of Rights on Equality states: neither “the State” nor “any person” may “unfairly discriminate, directly or indirectly, against anyone on one or more grounds” including “religion”, “conscience” and “belief”.

We are aware that ISASA (Independent Schools Association of Southern Africa) adheres to South Africa’s Constitution and Bill of Rights

Signed on this ____ day of _____ 20__ at _____

Signed by:

(name) _____

(signature) _____

Signed by:

(name) _____

(signature) _____