Sample Philosophical Vaccine Refusal Form

I/We________________________, hereby state that we have chosen to not vaccinate our child ________________ because we are philosophically opposed to vaccination.

We maintain that we have investigated the reported risks and benefits of vaccination and the reported risks of the so-called “vaccine preventable diseases.” 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.

The law in the State of __________ makes provision for non-vaccination of children whose parents object to vaccines for religious and/or philosophical reasons. We accept full responsibility for the health of our child. Our child will not be vaccinated against our will.

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.

Attached is a copy of our state law (YOU CAN FIND THE LAW AT WWW.NVIC.ORG OR WWW.VACLIB.ORG). We expect that the school system will comply with the law.

Sincerely,

____________________________________   _____________________

DATE

Person who received this document:

____________________________________  ______________________

DATE