(Date)

Your Name
Address
Phone number

To Whom it May Concern:

My daughter/son, (student name) is in (XX) grade in your School, (school name), and I hereby notify you of the following:

**Under no circumstances are you to provide any medical testing or provide any medical advice to my child** without the presence of myself or our attorney.

Under no circumstances will you speak to, reprimand, or advise my student regarding anything MEDICAL, including but not limited to vaccination or masking, alone or with any adult no matter who they are, medical professional, teacher, or any other public or private entity without the presence of myself or our attorney.

Under no circumstances are you to demand, inquire or ask my child to fill out a form, respond to questions written or orally or digitally about their health choices, doctor’s information, insurance information without the presence of myself or our attorney.

Ensure that this document is available in their student profile to advise all those that coordinate, associate or have access to my child’s school records.

Sincerely yours,

(Your name)

cc: (Student’s classroom teacher)