

# VACCINE ADVICE

## Questions for your Doctor



### Long Term Studies

Please show me the long term government studies comparing fully vaccinated under the current schedule with vaccine free children and teenagers. (no toxic placebos, thanks)(This is a study that every doctor should have in his top drawer and which every parent should be asking for.)time to adjust to the schedule.

### Aluminium

Aluminium has been shown to be extremely toxic to human cells, especially when injected. Normally, the vaccine schedule includes well over 3.5 milligrams aluminium.How can it be safe to inject this into my child? (or myself)

### Foreign DNA

Please explain the action of foreign DNA (including bovine, monkey and human foetal cell lines) on the body when injected into my baby.

### Glyphosate

Vaccines have been shown to be contaminated with Glyphosate from Roundup.How can you guarantee that my child will not be harmed?

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# Do you know what's in a **VACCINE?**

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# KID'S CONSENT FORM

## Liability Release

### Liability Release

Please show me the long term studies (5 years) showing that vaccines in pregnancy are safe for my the growth and development of my child. Your doctor may tell you with a reassuring smile that vaccines are quite safe, in which case he will have no hesitation in signing the letter below which I suggest you photocopy and present at every visit. Doctor's Warranty, the undersigned physician, acknowledge and agree to the following on this date:

----- I am an Certified licensed physician who administers vaccines in the usual course of my practice and in accordance with the medical standard of care. The child / patient before me is known to me in my medical practice and has no conditions that qualify as contraindications to vaccination. It is my intention to vaccinate this patient with one or more vaccines on the Australian Government Childhood Vaccination Schedule..

I am familiar with the ingredients in these vaccines. I am aware that the vaccine(s) I intend to administer may contain the following: aluminum; polysorbate 80; formaldehyde; animal or human foetal cell lines. I am knowledgeable about the dangers of ultra-low dose exposure of endocrine-disrupting chemicals to developing bodies. I am aware that vaccine injuries and deaths are a reality. I have advised my patient / patient's caregiver of the extreme rarity of moderate to severe vaccine injury. I unconditionally assume personal financial responsibility for this patient for all future health conditions not currently manifested that develop within 90 days after each vaccine is administered to the patient.

These conditions include, but are not limited to, seizures, asthma, food allergies, eczema, attention deficit and hyperactivity disorder, (ADHD) sudden infant death syndrome, (SIDS) diabetes, epilepsy, encephalitis, autism spectrum disorder, ovarian failure and Guillain-Barré syndrome as well as all cancers. Within 30 days I will pay in full each invoice submitted to my office on this patient's behalf, including but not limited to invoices for in-office medical care, hospital stays, prescriptions, therapeutic services and funeral costs.

Clinic Name: -----

Physician name : -----

Patient Name: -----

Physician signature -----

Patient signature: -----

Witness signature:-----

Today's Date:-----