



# FIRST, DO NO HARM.

## A GUIDE FOR PRACTITIONERS AND HEALTHCARE WORKERS REGARDING INFORMED CONSENT FOR COVID SHOTS IN INFANTS AND CHILDREN.



As a **physician or healthcare worker**, you have a duty to patients to uphold medical ethics. **Patients have the right to “informed consent” before receiving a medical procedure** for themselves or their dependents—especially when the procedure is experimental under emergency use authorization.

**The law requires you to inform patients of the treatment’s known or potentially severe adverse effects.** Are you sharing this information? If you recommend these shots to infants and young children, given all you know—or should know—are you **upholding your oath**? If not, could your actions later be grounds for removing your medical license?

Please read the following information carefully and **acknowledge that you’ve shared this data with your patients:**

- ☐ I understand there are **no long-term safety data for COVID vaccination of young children**, and children are receiving this vaccine under Emergency Use Authorization (EUA). **Vaccinating small children for COVID-19 is experimental**, not a standard medical procedure.
- ☐ I understand that **children have a 99.995% recovery rate**, and medical literature indicates that almost zero healthy children under five years old have died from COVID.
- ☐ I understand that **the COVID vaccines do not prevent transmission, nor do they prevent infection**. There is no statistically valid evidence that they prevent severe disease or death in children.
- ☐ I understand that **most children are already immune. Natural immunity is superior to vaccine-induced immunity**, and vaccinating the already immune is excessive and potentially harmful. CNBC reported in April 2022, “An estimated 95% of the U.S. population ages 16 and older had developed antibodies against the virus either through vaccination or infection as of December, according to a CDC survey of blood donor samples.” In February 2022, the CDC said over **75% of children already have partial or full immunity to COVID**.
- ☐ I understand that unnecessary vaccination will put children at **elevated risk of harm**. It is apparent that **most are already immune and will not benefit from vaccination**.

- ☐ I am aware that studies suggest that **vaccinating after infection increases the risk of vaccine-induced side effects such as myocarditis.**
- ☐ I understand the **risks demonstrably outweigh the benefits of COVID vaccination in children.** For example, a Hong Kong study showed that 1/2,700 12-17-year-old boys receive a myocarditis diagnosis following their 2nd dose of Comirnaty (37 per 100,000 vaccinated). Another study from Kaiser found the same rate of myocarditis in 12-17-year-old American boys, 1/2700.
- ☐ I understand that **myocarditis is not a mild disease.** The CDC's preliminary data revealed that nearly half of the young people diagnosed with myocarditis still had symptoms 3 months later, and 39% had their activity restricted by their physician. We know this serious adverse event frequently occurs in teenagers, but no one knows how often it occurs in younger children. This is of significant concern for babies and younger children.
- ☐ I understand **over one million adverse reactions to mRNA shots have been reported to the Vaccine Adverse Events Reporting System (VAERS),** including anaphylactic shock, allergic reactions, blood clotting and bleeding disorders, myocarditis, pericarditis, stroke, heart attacks, tinnitus, death, and more.
- ☐ I understand **some children will likely die and others will suffer permanently injury from these vaccines** based on reporting to the current VAERS database. The latest data shows 1,490,160 reports of adverse events from all age groups following COVID vaccines, including 33,334 deaths between Dec. 14, 2020, and Dec. 23, 2022.
- ☐ I am aware **that the Pfizer clinical trials for children 2 - 4 years old failed to meet FDA-specified requirements for COVID vaccine EUAs.** The vaccines did not show 50% efficacy nor meet the required 30% lower bound with a 95% confidence interval. Therefore, I'm aware this product **failed FDA's established criteria in its clinical trials.**
- ☐ I am aware that **the pediatric clinical trials for the COVID vaccines were too small** (the booster trial for 5-to-11-year olds had 140 participants) **to detect safety signals for serious adverse events**—especially for a recipient population in the tens of millions.
- ☐ **I am aware that on August 23, 2021, FDA's letter to BioNTech explained that neither the VAERS nor the VSD surveillance systems were adequate for FDA to determine the risk of myocarditis resulting from the Pfizer vaccine.** Therefore, Pfizer and BioNTech were instructed by FDA to carry out a series of studies on myocarditis to ascertain the risk in different groups, including children. These studies were scheduled to produce final reports to FDA over the next five years.
- ☐ **I understand safer drugs could be used prophylactically and therapeutically for COVID in children.** There is extensive and compelling medical evidence for this assertion, and the choice to eschew use of these drugs in favor of a demonstrably dangerous vaccine is arbitrary and capricious.
- ☐ **I understand the current liability-free status for these injections may not carry through in perpetuity.** Under the PREP Act of 2005, all actors advancing an EUA agenda for medical countermeasures enjoy liability protection, absent "willful misconduct." Therefore, liability could later apply if these shots are deemed non-therapeutic gene products that practitioners knowingly and recklessly recommended, and administered to children.



To learn more and read all references related to these statements go to: **ChildrensHD.org/Letter-FDA** or scan this QR code.