Notice to Agent is Notice to Principal, Notice to Principal Is Notice to Agent

From

To: Nadhim Zahawi : <nadhim.zahawi.mp@parliament.uk>

<https://www.gov.uk/government/people/nadhim-zahawi> :

Police Child Protection Officers - School Immunisation - Programme - Accountable & Responsible Man or Woman - Local Council Child Protection Officers. School Headteacher. Ministers for Schools, MP’s.

Accountable and Responsible Men & Women who I have left my child in the Protection on School premises.

*Date: \_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_/ 2021*

**NOTICE AND DECLARATION OF PARENTAL AUTHORITY  
REQUIREMENT OF DISCLOSURE AND SAFETY OF MEDICAL TREATMENT/S**

I am the parent, guardian, natural authorised caretaker and supervisor of *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* . Along with their other parent I am hereby disclaiming and/or revoking any recorded or presumed abdication of parental authority.

You must apply to me for grant of authority for any action which may affect my child or may cause risk to my child’s health and wellbeing.

As my child is in dependency to me you may not administer any medical treatment to my child without my written approval regardless of my child's expressed or presumed willingness to accept any medical treatment.

My child cannot be expected to comprehend vaccine or jab contents as they have not the capacity to comprehend impact of what is an experimental product under test.

<https://www.nhs.uk/conditions/consent-to-treatment/children/>

Nuremberg Code Applies:

<https://www.5gmediawatch.com/post/i-can-balance-spoons-on-my-nose-but-the-vaccine-content-not-a-clue>

If you are proposing, offering, or intending medical treatment/s for my child you must submit the following prior to administration of any such treatment or process.

# Maxim In Law – Ignorance is No Excuse in Law - *Ignorantia juris non excusat*

1. Provide the precise description of those medical treatments in writing. Can the teacher or Headteacher confirm that any jab contents are as labelled?
2. Provide written disclosure of those treatments' time and place and affirmative allowance for my presence during the administration of that treatment/s.
3. Provide written affirmation of my right to terminate the medical treatment at any time with or without cause.
4. Provide written affirmation of your willingness to review and accommodate any reliable information which I may provide which may bring into question the safety and effectiveness of your offered treatment.
5. Provide the full names, titles and contacts for all persons administering the medical treatment, and as being those who are fully liable, responsible, and insured for all consequences of their treatment/s and willing who will affirm that in writing.
6. Provide the complete records of safety, effectiveness, and regulatory approvals of any treatment/s you are proposing or intending. Those administering the jab are liable in their private individual capacity.
7. Provide full disclosure and records of treatment information including all ingredients, methods of administration, possible side effects, risks of injury, harm and adverse reactions, and necessity (for example people who have had measles do not need measles vaccination, and people who have a less than 1% chance of contracting a disease generally should not take treatment, especially when risk of harm or injury from the treatment that is greater than the risk of the harm of the disease).
8. Please confirm the product doesn’t contain metals, nano particulates, trace mercury, tungsten, aluminium or similar heavy metals. No animal or human cells, calf serum, monkey cells, formaldehyde or polysorbate 80 patented to cause Dog and Bitch infertility.
9. Due to the hazard of misinformation promoted by various media, you must acknowledge in writing that you are aware that herd immunity is accomplished more effectively by the human immune system than by injections, drugs, and medications.
10. Provide your insurance and/or bonding from which settlement can be promptly received for any damage, loss, violation, injury, or death caused to my child. Please include the name/s, titles, and full contacts for those responsible for settlement/s and claims.

1. Provide your personal sworn statement (Statement of Truth – Legalese, Affidavit) that you guarantee the safety and effectiveness of the treatment you are offering and your acceptance of full financial and moral responsibility for all consequences of that treatment to my child and my family.

Upon receiving the listed 1 – 11 materials from you, we will review those materials to determine if they are complete, effective, credible, and verifiable.

This is under my parental authority which is superior to all other kinds of authority pertaining to my child, I will then provide a response to your offer of medical treatment either in the affirmative or in the negative, and that response will be binding upon you and final apart from any further inquiry we may make.

You may not perform, extort, threaten or coerce medical treatment in any way without my written approval, and any such action not authorised by me shall represent an act subject to criminal charges and major monetary penalties relative to the felonious criminal act of assault upon a child.

Upon delivery of this Notice and Declaration you shall agree with all terms, conditions, and claims herein. Unless rebutted timely (30 days) in writing by an authorized and fully identified officer with fact, law and evidence in a manner to rightfully affect our actions and positions.

You shall be, by your silence or non-response, in agreement with all representations, declarations and allegations herein by default and without recourse in perpetuity.

Any point herein found ineffective will not diminish the effect of any other point herein.

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Autographed By,

Parent, Guardian, Caretaker, Property Owner

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