

Your name, address and date here

Addressed to:

CERTIFIED MAIL #

## Memorandum in Law

### Requests For Assurance of Medical Treatment and Relief Upon Damage(s)

Dear ( doctor, school, health department official or department of children and families official ):

The State of by statue has mandated that my child (or myself ) receive a battery of vaccinations. By their very nature, these vaccinations cannot be guaranteed completely safe without the risk of serious side effects, and / or the development of certain disorders, which include autism, mental retardation, ADHD, decreased intelligence, cancer, disorders of the skin, allergies, disorders of the eyes and ears, sudden infant death syndrome, Parkinson's disease, dementia, Alzheimer's disease, respiratory and cardiac failure, chronic nervous system dysfunction, meningitis, encephalopathy, seizures, anemia, and epilepsy to name but a few. The possibilities of acquiring side effects and any one of these conditions is made very clear by the packet insert, provided by the manufacturer of each vaccine, and packaged with the vaccine itself.

258 DR. WILLIAM P. TREBING

It is also a violation of my philosophical and religious beliefs to receive such toxic chemicals into my bloodstream, or the bloodstream of my child.

However, I am told by medical professionals, as well as school and government officials, that despite all this I am still required by law to be vaccinated against my will and better judgment, or to have my child vaccinated against my will and better judgment. I am also told that these shots in the form of vaccines will provide a level of health for myself or my child that will prevent the disease(s) for which they are administered to prevent.

I sincerely wish to comply with any laws which are found to apply to me, however I cannot at the same time, allow my basic, most fundamental rights granted to me under the common law and the constitution of the united states of America, to be violated. I must be sure that by complying with such vaccination laws mandated by the State of , that I will not be forcefully caused to injure myself, or my precious child, by partaking in such action.

I therefore look for you to help in this matter. Since you administer these vaccines on a daily basis to many people (in the case of a doctor), or since you have been following the procedures of the State of vaccination laws for some time (in the case of a school, health department or DCF official), you must have some knowledge, training or insight into the matter that a layman such as myself does not possess.

I wish to trust this knowledge you must possess, which enables

you to be sure that the risks to myself or my child are low, and enables you to ethically continue administering these vaccines (in the case of a doctor), or to ethically continue enforcing and supporting such vaccination laws.

GOOD-BYE GERM THEORY 259

Therefore, by signing this form, I am requesting assurance from you that this medical treatment of administering vaccinations will not harm myself or my child in any way, mentally or physically. Also, by signing this form, you are assuring me that myself or my child will have greater health as a result of receiving such mandatory vaccines, and that the vaccines will indeed prevent the disease(s) in which they are administered to prevent. In the event that, by me following the said vaccination laws of the State of , myself or my child is damaged mentally or physically in any way, by signing this form you are assuring relief of such damages from your malpractice insurance or private funds (in the case of a doctor), or from some government agency insurance coverage or your own private funds (in the case of a school, health department or DCF official).

Since it is your firm belief that vaccinations create health, and prevent the spread of disease, I am thus asking for your assurance that they will indeed create greater health for me and my child, and that the said vaccinations will not cause any further disorders or diseases to me or my child.

Upon your assurance of these facts by the signing of this notice below, I will subject myself, or my child to the vaccinations.

I, , being of sound mind and body, agree to the conditions of this form, Request for Assurance of Medical treatment and Relief Upon Damage, that will not be harmed in any way as a result of receiving such vaccinations. I maintain this view because it is my sincere belief that these vaccinations are completely safe, and they enhance the health and well-being of the person who receives them by making that person better able to be resistant to the disease the particular vaccination is given for.

260 DR. WILLIAM P. TREBING

This form can either be notarized or signed with witnesses at the particular office it is being presented in.

Signed, this day of , (year)

Print name

Signature

Witness

Witness