To: [INSERT NAME OF GP]  
 [INSERT NAME OF GP Practice] (the “**Practice**”)

Date: [INSERT DATE]

Re: COVID-19 Vaccination at the Practice and my Child [INSERT NAME AND DATE OF BIRTH]

Dear Doctor,

I refer to the above referenced matter.

The purpose of this letter is to formally place on record the following:

**1. Parental Consent**

Section 23 of the Non-Fatal Offences against the Person Act 1997, provides that only persons over the age of 16 years can give consent to surgical, medical or dental treatment without needing to obtain consent from their parents or legal guardian – therefore, my consent must be formally sought and secured, **in writing**, prior to any medical treatment (including vaccination) being administered to my child, who as you will be aware is [INSERT NUMBER] years of age.

I do not consent to the administration of the COVID-19 (or any other) vaccine to my child.

**2. One Parent Consent**

Section 2.2 (Who can give consent for a child) of the HSE National Consent Policy V 1.3 states: -

“*Currently, there is some discussion in health and social care practice as to whether one or both parents/legal guardians consent is required prior to commencement of medical treatment and/or social care intervention. On the one hand, it may be argued that the consent of both parents/legal guardians is required prior to treatment of the child on the basis of the rights of the parents/legal guardians in keeping with Article 41 of the Constitution which recognises the family as the natural primary and fundamental unit group of society and the Guardianship of Infants Act, 1964.”*

For the avoidance of doubt, I confirm that I shall not consider one parent consent to medical treatment being administered to my child as being sufficient.

In the event that the COVID-19 vaccine (or any vaccine) is administered to my child, without **my** prior written consent, I shall hold both the Practice and you personally liable for any loss, damage and/or injury suffered by my child and for interference with my constitutional rights to safeguard the welfare of my child.

**3. Mature Minor**

I do not consider the above named child to be a mature minor, and by this I mean that my child does not possess the maturity, intelligence or understanding to give informed consent to the COVID-19 vaccine and in circumstances where the Practice seeks consent from my child, in circumstances where my child has not reached the age of 16 years, I shall hold both the Practice and you personally liable for any loss, damage and/or injury suffered by my child and for interference with my constitutional rights to safeguard the welfare of my child.

Yours faithfully,

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[INSERT YOUR NAME, ADDRESS AND CONTACT INFORMATION]