

Fully Informed Consent for Dependent Children. The Absence of Which May Make Injecting Vulnerable Children a Form of Medical Malpractice

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Dr. Gary G. Kohls Duty to Warn and
Transcend Media

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*“... we’re never going to learn about how safe this vaccine is unless we start giving it.” – **Professor Eric Rubin** of Harvard University, actually testifying to the VRBPAC panel regarding the high incidences of myocarditis and deaths, mostly in younger males following mRNA injections*

At least 42% of American children already have acquired robust natural immunity which is far superior compared to vaccine immunity and that those with naturally-acquired immunity receive no benefit from the vaccines – only risks, some of which may be lethal.

An hour of informed consent is worth a lifetime of regret.

Children are not capable of giving informed consent. Parents are capable but many defer to the CDC or their healthcare giver as a trustworthy authority (which they often aren’t), despite evidence of incomplete and fraudulent data, exclusion of subjects from the study, whistleblower testimony and expert warnings in public comments.

As a parent or guardian you are responsible to do your own due diligence regarding the short and long-term safety of your child.

Before you allow your child to be injected with the mRNA with a still-experimental polyethylene glycol and other ingredients, some not disclosed, you are responsible for being fully informed. The best time to become informed is before injecting this onto your child’s body, not after.

Note below the famously never shown on mainstream media that show that Americana children with no chronic illnesses have an essentially ZERO chance of dying from Covid-19,

even if they receive NO treatment!!

Covid-19 Infection Survival Rate by Age Group

Age	Infection Survival Rate
0-19	99.9973%
20-29	99.986%
30-39	99.969%
40-49	99.918%
50-59	99.73%
60-69	99.41%
70+ (non inst.)	97.6%
70+ (all)	94.5%

Source: <https://www.medrxiv.org/content/10.1101/2021.07.08.21260210v1>

Informed Consent

Any person who consents to a medical procedure for themselves or their dependents, must be informed of ALL the known or potential adverse effects of the treatment.

If they have not been FULLY INFORMED, those responsible for injecting the vaccine may be guilty of malpractice and liable to being sued for adverse events (which cannot legally be done to the conscienceless pharmaceutical giants).

___ I agree (or not) to allow my child to receive the Pfizer BioNTech mRNA injection knowing that it remains experimental and that safety testing is incomplete and inconclusive

___ I am informed (or not) that mRNA injections are technically not "vaccines," and that they do not prevent infection and transmission.

___ I am informed (or not) that effectiveness of the Pfizer "vaccines" wanes in a few months and my child may be required to take booster shots several times a year, indefinitely.

___ I am informed (or not) that there is no fully approved FDA covid vaccine that is available in the US

___ I am informed (or not) that the FDA and CDC are permitting administration of the Pfizer mRNA injections to 5 - 11-year-old based on an **EUA, Emergency Use Authorization**, even **though there is no emergency for 5 - 11-year-olds.**

___ I am informed (or not) that Covid-19 poses no risk to healthy children. The few children who died had serious illnesses like leukemia, cystic fibrosis and other serious diseases. They

died *with* Covid, not *from* Covid.

___ I am informed (or not) that there exist protocols for effective early treatments for Covid that prevent hospitalizations and deaths, and that doctors who have been educating about these have been censored.

___ Most children who get Covid have mild symptoms, if any, and acquire superior, robust and enduring natural immunity shown to persist for many years or a lifetime and is effective against variants. T-cell tests demonstrate natural immunity whether or not there are also antibodies.

___ I am informed (or not) that at least 42% of American children already have acquired robust natural immunity which is far superior compared to vaccine immunity and that those with natural immunity have no benefit from the vaccines and no legitimate reason to incur the risk.

___ I am informed (or not) that those with natural immunity to Covid-19 have at least a 30% higher risk of adverse reactions to the shots, including death, and have been warned by experts like Dr. Hooman Noorchasm and many others of this unnecessary, high risk.

___ I am informed (or not) that we have no information now about long-term reactions that may show up in days, weeks, months, years or decades

___ I am informed (or not) that the Pfizer shots instruct the cells to manufacture toxic spike proteins which circulate the body and lodge in many organs, in high concentrations in the endothelial cells, ovaries and testes, spleen, heart, and cross the blood-brain barrier

___ I am informed (or not) that based on animal studies and "vaccine" data thus far that some scientists are concerned about ***vaccine-induced infertility and chronic diseases in the future***

___ I am informed (or not) that those receiving the vaccines have a risk of myocarditis, especially high in young males, and that instead of the expected rate of 1 -4 cases in 12 - 17 year-olds there were 128.

___ I am informed (or not) that the CDC has not adequately investigated the 800 cases of myocarditis and has falsely claimed that there is more myocarditis from getting Covid than from the "vaccines." Their "remedy" for this undeniable risk was increased surveillance.

___ I am informed (or not) that the CDC's voluntary VAERS, the Vaccine Adverse Events Reporting System. It is estimated that only 1% - 10% of adverse events are reported. Doctors, injured, and their family members describe toxic spike proteins that penetrate ovaries, testes, brain, spinal cord, nervous system, heart, lungs, intestines, kidneys, and cross the placenta in pregnant women.

___ I am informed (or not) that the adverse effects from mRNA "vaccines" may include micro-clots in their cardiovascular system, anaphylactic shock, allergic reactions, blood clotting and bleeding disorders, thrombosis in the brain other thrombotic events, myocarditis, pericarditis, heart damage, stroke, tinnitus, vertigo, etc.

___ I am informed (or not) that if my child has symptoms of concern after the first shot, they should not get the second

___ I am informed (or not) that longer term events might include antibody dependent enhancement, (ADE) development of autoimmune diseases, *neurodegenerative disorders*, prion disease and an increase in chronic diseases and reproductive harms including infertility.

Studies used as a basis for approval for Emergency Use Authorization

___ I am informed (or not) that the studies were conducted by Pfizer, with conflicts of interest, and not by any independent researcher, and that all the data was controlled by Pfizer, including elimination of subjects who had adverse reactions to the first or second dose.

___ I am informed (or not) that the studies were conducted on very few subjects, far, few fewer than other treatments before being administered to the public, too few to detect reactions that occur in 1/5000 of the population

___ I am informed (or not) that subjects were followed for a very short time, so no long-term effects beyond 2 months can be known

___ I am informed (or not) that the only adverse reactions to the shots recoded include arm soreness, fever chills, and fatigue and there was no way to record other adverse reactions.

___ I am informed (or not) that many subjects who had adverse reactions were eliminated from the study

___ I am informed (or not) that most with adverse reactions and severe adverse reactions were misdiagnosed, told it was psychological, denied and abandoned.

___ I am informed (or not) that studies were methodologically flawed in many ways

___ I am informed (or not) that studies extrapolating from those done on 12 - 17 year-olds, it is a statistical certainty that there will be adverse reactions, injuries, disabilities, trauma and deaths among 5 - 11 year-olds.

___ I am informed (or not) that the childhood Pfizer dose is 1/3 of the adult dose, but it is not less if one accounts for weight. The lower the weight, the more likely the adverse effects.

Risk/Benefit Analysis

Each person has a unique risk/benefit ratio. It is not one size fits all.

Older people with co-morbidities have a higher risk from Covid and a lower risk from the "vaccines." Younger people have almost no risk at all for Covid and increasingly higher risks from the "vaccines" with younger age.

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Our thanks to **Dr. Gary G. Kohls** for bringing this article of Dr. Perlman to our attention.

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