

Fully Informed Consent on Behalf of Children

A Checklist for Pfizer BioNTech Injections for Ages 5 - 11



[Diane Perlman, PhD](#)

Nov 13

[14](#) [9](#)

“... we’re never going to learn about how safe this vaccine is unless we start giving it.” – Professor Eric Rubin of Harvard University, testifying before FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC), October 26, 2021, on myocarditis and deaths, before voting to approve.

Children Are Not Capable of Informed Consent

Most parents and guardians trust the FDA, CDC, school authorities, and mainstream media. Most believe that the mRNA shots are necessary, safe, effective, and *the only way* to safely open schools, have parties and sleepovers, hug grandparents, travel and finally end the Covid pandemic.

For children under 12, there is no adequate safety data, and *none* on myocarditis, a disabling, life-threatening heart condition that only appeared *after* clinical trials on young people, mostly males. Athletes around the world are [dropping dead on the field](#) from heart damage. The experiment begins now.

Pop-up “clinics” are being rushed out to schools and other places around the country to mass “vaccinate” children as quickly as possible. Here is an example of a [consent form](#), and [another](#). They left a few things out.

The risks of injecting children are not trivial and some may be irreversible. Based on data from Israel and on 12 – 17-year-olds, adverse events (AEs), serious adverse events (SAEs), permanent injuries, disabilities and deaths are inevitable.

I am bound by a personal and professional ethical duty to warn, and familiar with the the [Nuremberg Code](#) which requires *fully informed* consent, so I created this consent form on behalf of children. It can be printed and copied. The second side can be checked and signed. It is also pasted in the text below.



Truly Informed Consent For Pfizer Biontech Injections For Children

72.1KB · PDF File

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Lack of Safety Data

Studies used to justify approval for children from 5 - 11 were conducted on very few subjects and followed for a ridiculously short period of time. Subjects who had adverse reactions were eliminated from the study. There is zero information on potential long-term effects. And, there are at least [Ten red flags in the FDA's risk-benefit analysis of Pfizer's EUA application to inject American children 5 to 11 with its mRNA product](#).

Many loving, protective, frightened parents believe there was a legitimate, independent, scientific process that led 17 of 18 members of FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC) to

vote that the benefits outweighed the risks. Several have [financial ties to Pfizer](#). Dr. Michael Kurilla, who voiced serious concerns, was courageous enough to abstain, but not enough to vote “No.”

On November 2, all 14 members of [CDC’s Advisory Committee on Immunization Practices \(ACIP\)](#) voted for authorizations for children ages 5 - 11.

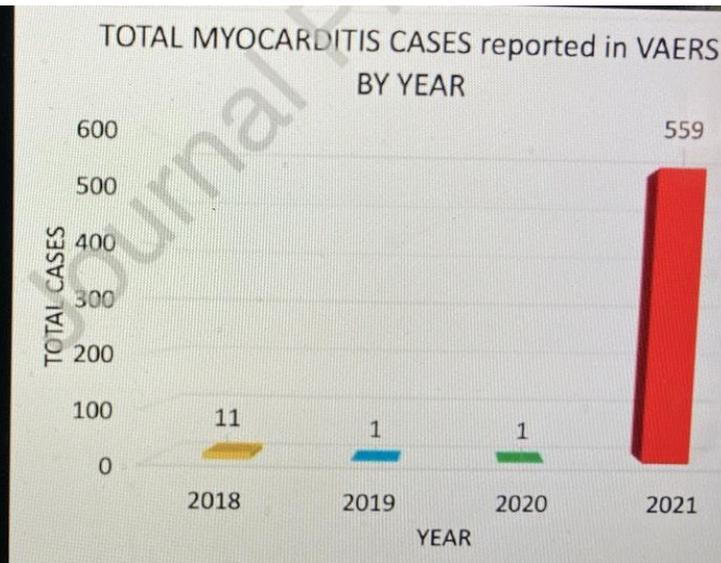
At these and previous meetings, panelists wildly exaggerate, distort and lie about the threat of Covid, deaths and hospitalizations for children, ignore the data, dismiss natural immunity, and minimize, deny and hide the data on adverse reactions, injuries, disabilities and deaths. How is it they don’t know that healthy children have [zero risk of dying from Covid?](#)

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>

Some panelists minimized the incidence of vaccine-caused myocarditis, falsely claiming that cases were mild and resolved quickly, had different causes, maybe hereditary, and that more cases of myocarditis were caused by getting Covid than from the “vaccines.” They completely ignored all other known risks, except for the usual swelling, fever chills, headache.

Is this what you mean by “slightly elevated” risk?



From the Rose paper

This is from Steve Kirsch's 3 minute presentation during the public comment period at VRBPAC meeting on October 26. It is at minute 4:40

A Done Deal

The final VRBPAC and ACIO votes were clearly a foregone conclusion from the outset. Although there was a pretense of going through the motions of a voting process, doses for 28 million children had been purchased and were on their way before the votes took place, with thousands of pop up clinics already scheduled.

VRBPAC panelists also blatantly disregarded over 142,000 written [public comments](#) by knowledgeable citizens warning of dangers and urging them to vote “No.” Dr. Jay Portnoy, the consumer representative said he received 4000 emails asking him to vote “No.” Guess how he voted?

At the October 26 VRBPAC meeting, 17 voted “Yes” despite problems raised, questions unanswered, and awkward, illogical justifications for their vote. For example, the vote was a binary, forced choice between authorization for all 28 million American children ages 5 - 11 or none, which is absurd on its face.

In explaining their vote to approve, some panelists explained that they voted Yes so that obese and immune compromised children would not be deprived of these shots, despite the fact that there are no studies or evidence demonstrating that these shots would protect them. This rationale also ignored the potential to treat these children's underlying health conditions and to protect them with immune-boosting, prophylactic measures such as adequate vitamin D levels, quercetin, zinc, C, melatonin, etc.

Panelists said that had to vote “Yes” for the few, ignoring the known risk of myocarditis and other harms to millions of children. This is illogical. Even if it was in fact true that a few compromised children would benefit from the Pfizer mRNA shot, why not allow immunocompromised children to receive it? You might wonder why requests for some children would be impossible. As it is, the VRBPAC and ACIP votes will lead to pressure and mandates for 28 million children who receive no benefit and incur great risk.

Comments Challenging Authorization

VRBPAC members disregarded brilliant challenges made with data by some selected to make 3 minute public comments permitted during a one-hour comment period. Here is one from [Brian Dressen](#), husband of Brianne, who developed a severe neurological injury following one dose of the AstraZeneca shot. She was eliminated

dropped from the trial. Her access to the study app was deleted and her reaction is not listed in the clinical trial report.

Here are the 3 minute public comments from November 2. Some speakers were for, some against. Those in favor spoke mostly platitudes. Those against provided independent science and substance.

<https://hayspost.com/posts/57d0f915-d8b6-4e71-8970-514916185fbb>

These comments were to vote against approval.

- **Steve Hirsh**, Executive Director of the COVID-19 Early Treatment Fund told the panel there were too many unanswered questions for the FDA to approve the vaccine for 5-11 year-olds.
- **Dr. Jessica Rose**, a viral immunologist, shared thoughts against the emergency use authorization of the vaccine for children because "COVID-19 is exceedingly treatable."
- **Dr. Josh Guetzkow**, Ph.D., at the Hebrew University of Jerusalem, said extending the emergency use authorization for children's vaccine "would do more harm than good."
- **Dr. Beatrice Setnick**, a clinical pharmacologist and consultant to various biotech companies told the panel, "please do not assume the vaccine is safe for children until more data is evaluated."
- **Amy Alvo**, the mother of a 17-year-old, shared what the adverse reaction her daughter experienced after vaccination.

Dr. Meryl Nass's live blog continuous commentary on these meetings for Children's Health Defense for both the October 26 VRBPAC meeting and the November 2 ACIP meeting provide a further idea of the conflicts of interest at play as well as what was—and was not—said.

* the [October 26 FDA VRBPAC meeting](#)

* the [November 1, CDC ACIP meeting](#)

Post Publication Update Note - Data on Little Ones

On November 20, I got this from Jessica Rose, PhD, “[Adverse events reported for 5-11 year olds occurring immediately](#)”

“In this short timeframe, approximately 1,007,510 children less than 12 have been injected in the United States.¹ There are currently (as of November 19th, 2021) 2575 AE reports in VAERS for this age group of children and when a conservative under-reporting factor of 41 is factored in, this number becomes the more realistic estimate of 105,575 adverse event reports filed to VAERS in a time frame spanning approximately 2 weeks. Therefore, approximately 1 in 10 children in this age group have already reported an adverse event in the context of administration of the COVID-19 injectable biological products.

As of the latest VAERS update on November 19th, 2021, 82% of reports in VAERS in children ages 5-11 have been made immediately following injection. IMMEDIATELY. This means that there is literally no time difference between the onset of the AE and the injection administration: consider that it takes time to report an AE to VAERS and to make it into the database. These reports include 291 **different adverse event types** including loss of consciousness (the 9th most reported AE), seizures, herpes outbreaks, blindness, cyanosis and death, to name a few. In CHILDREN.”

On the same day, Steve Kirsch wrote in his newsletter, [We are killing our kids. Does anyone care?](#)

Kids that would have never died from COVID are now dying after getting the vaccine. Will it ever end?

[Steve Kirsch](#) Nov 20

“Kids that would have never died from COVID are now dying after getting the vaccine. Will it ever end? ... The vaccines rolled out for these kids starting on November 7. It is now just 12 days later and **we are now killing perfectly healthy kids.**”

I just got this text:



Steve Kirsch
To Steve Kirsch

Reply Reply All

Today 6:08 PM

3 third graders just died in Pennsylvania. 2 last night and one the day before.



iMessage



That's hardly an isolated incident.

These deaths simply are never ever going to be reported in the NY Times or on CNN. So you're never going to hear about them except from alternate media sources.

Here's another.

First time in her 14-year career: seeing an 8 year old with myocarditis

What You Don't Know Can Hurt Your Child

Ironically, on November 2, 2021, while CDC's ACIP was meeting to approve mRNA shots for kids, Senator Ron Johnson conducted a [Senate Expert Panel on Vaccine Injuries and Mandates](#) in Washington, DC. Here is a [12 minute selection](#) from the 3 hour meeting. It was followed by a rally in front of the US Supreme Court, in the rain.

I met several "vaccine" injured people and their families. They would have given anything to have had truly, fully informed consent. Now, they wish to spare others from their trauma. Shockingly, they have been censored, accused of all sorts of things, misdiagnosed, and abandoned by the conventional medical community.

In testimony to politicians and in an [interview, Kyle Warner](#), twenty-nine-year-old Kyle Warner, a professional mountain bike racer and national champion, described being injured after his second Pfizer shot, as many other athletes have been. Warner developed pericarditis (inflammation of the outer lining of the heart), the blood circulation disorder called postural orthostatic tachycardia syndrome (POTS) and reactive arthritis. He has not been able to work or ride a bike since.

Thirteen-year-old Maddie de Garay has testified twice before Sen. Johnson, in June and November. While still twelve, de Garay “volunteered” with her two brothers to be a subject in the Pfizer study on twelve- to fifteen-year-olds—the study that Pfizer subsequently used to claim 100 percent effectiveness.

Before the clinical trial, Maddie was a healthy straight-A student. After her second Pfizer shot on January 20, 2021, she experienced severe abdominal pain followed by heavy menstrual cycles, fainting, vision problems, loss of bladder control, seizures, verbal and motor ticks and difficulty swallowing food and water, with the result that she requires a feeding tube and pain killers. Paralyzed below the waist, she is now in a wheelchair, has made nine visits to the emergency room and has had three extended hospital visits.(But she did not get Covid.)

Adding insult to injury, doctors diagnosed her with “anxiety” and a “conversion reaction” allegedly caused by nonexistent preexisting conditions. This fits with the current widespread practice of attributing “vaccine” dverse reactions to psychological issues or characterizing them as “coincidences.” Pfizer listed her as having a stomach ache.

In Pfizer’s trial with children, 16 subjects who got the placebo had mild or no symptoms and have acquired natural immunity which is enduring, robust against variants and far superior to “vaccine” immunity. Natural immunity also contributes to herd immunity.

By contrast, all subjects in the vaccine group were injected with mRNA instructions to make spike proteins. Some had fever, chills, headaches, fatigue, joint pain, swelling, and muscle pain. Some said they were only allowed to check off reactions on a list with no place to write in other reactions. We don’t know of other adverse reactions. Long term reactions are unknown.

Several of those who testified had their data removed from the study as well. People who had reactions to the first shot and didn’t continue were eliminated. Only healthy people who completed the study were included.

Better Safe than Sorry

This is why I cannot remain silent. Better safe than sorry. Do your own diligence. Think for yourself.

Here is the text of the attached PDF formatted to be printed on 2 sides. The second side can be checked and signed.

Truly Informed Consent Checklist for Pfizer BioNTech Injections for Children

A “Vaccine” Injury Prevention Project, By Diane Perlman, PhD ConsciousPoliticsDC@gmail.com

“... we’re never going to learn about how safe this vaccine is unless we start giving it.” – Professor Eric Rubin of Harvard University, testifying before FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC), October 26, 2021, on myocarditis and deaths, before voting to approve.

Are you accurately informed? An hour of deep investigation can prevent a lifetime of regret.

Children are incapable of informed consent. Many parents defer to the CDC, despite incomplete safety studies, flimsy, falsified data, exclusion of subjects, whistleblower testimony, expert warnings, no long-term data and over 142,000 public comments urging committee members to vote “No” on approval.

What you don't know can hurt your child. Do not delegate your responsibility to anyone. You owe it to your child to be fully informed about short and long-term safety *before* injecting them with mRNA, which has polyethylene glycol and undisclosed ingredients. There is *no* data on interactions with other vaccines. No party has any liability for adverse reactions, as occurred with 12 - 17-year-olds.

The **Nuremberg Code**, the most important human rights document on medical ethics states, “**The voluntary consent of the human subject is absolutely essential.** ... the person involved should have legal capacity to give consent; should ... be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion, and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. ... there should be made known to him ... the effects upon his health or person which may possibly come from his participation in the experiment.”

Do not be manipulated by fear and false information. “Vaccines” do not prevent infection or transmission. Healthy children have [preexisting, innate, immune effector cells](#). Their immune systems handle Covid better than adults, with zero risk of dying. Most have no or mild symptoms and achieve enduring, robust natural immunity against future variants, superior to “vaccine” immunity which wanes over time. Natural immunity contributes to herd immunity. The Amish reached herd immunity in 3 months without lockdowns, distancing or masks, as have other groups. Children do not transmit Covid to adults. mRNA shots can alter their immune systems and subject them continuing booster shots. “Mass [vaccination campaigns in children](#) will prevent them from contributing to herd immunity” and provoke “more infectious viral variants.” Dr. Geert Vanden Bossche, DVM, PhD. Watch this most important, warning interview explaining science <https://thehighwire.com/videos/vaccine-expert-warns-of-covid-vaccination-catastrophe/>

Children with Covid rarely require treatment. If they do, effective protocols that have been censored, developed by independent, ethical doctors are on

<https://covid19criticalcare.com>

and other places. They know how to treat Covid. Treating vaccine injuries is new and challenging. Boost everyone's immunity with a healthy diet, sunlight, adequate Vitamin D levels, zinc, C, A, melatonin, etc. to reduce severity.

Risk/Benefit Analysis. Older people with co-morbidities have the highest risk from Covid. Healthy, younger people have virtually zero risk from Covid. Risks from the “vaccines” increase with decreasing age. The very few children who died *with* Covid, not *from* Covid, had serious illnesses like leukemia, cystic fibrosis, diabetes, and obesity. Healthy children have no benefit from vaccines which undermine their effective innate immunity, subject them to boosters and render them more vulnerable in the future.

Do not act under pressure or be controlled by fear. Not from authorities, peers or your children's peers. Do your own research. Think for yourself. You will live with any consequences. Challenge the basis for making social life contingent on getting the shots. These are manipulative forms of coercion, though they seem plausible. **The best defense against any virus is a strong, healthy immune system.**

TRULY INFORMED CONSENT CHECKLIST

Any person who gives consent to a medical procedure for themselves or their dependents must be fully informed of ALL the known or potential adverse effects of the treatment. If they have not been FULLY INFORMED those responsible for obtaining consent are guilty of malpractice. (Gary Kohls, MD)

1. Yes__ No __ I agree to allow my child to receive the Pfizer BioNTech mRNA injection knowing that there is no reliable safety data and that they will be participating in a medical experiment, which requires *fully* informed consent according to the Nuremberg Code.

2. Yes__ No __ I am informed that mRNA injections are technically not “vaccines.” They are genetic interventions never used before on humans and based on insufficient animal studies. They wane over time, do not prevent infection or transmission, and will be followed by boosters. Impacts may be irreversible.

3. Yes__ No __ I am informed that there is no fully approved FDA Covid vaccine that is available in the US.

4. Yes__ No __ I am informed that the FDA and CDC approved of the Pfizer mRNA injections to children based on an Emergency Use Authorization (EUA), even **though *there is no emergency for 5 - 11-year-olds.***

5. Yes__ No __ I am informed that 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.

6. Yes__ No __ I am informed that about 50% have natural immunity far superior to “vaccine” immunity, have *no* benefit from “vaccines” and a 30% higher risk of adverse reactions to the shots, including death.

7. Yes__ No __ I am informed that the Pfizer shots instruct the cells to manufacture spike proteins which circulate the body and lodge in the organs, in high concentrations in the endothelial cells, ovaries and testes, spleen, heart, and cross the blood-brain barrier.

8. Yes__ No __ I am informed that the adverse effects from mRNA “vaccines” may include anaphylactic shock, allergic reactions, blood clotting, micro-clotting and other bleeding disorders, thrombosis in the brain, other thrombotic events, myocarditis, pericarditis, heart damage, stroke, tinnitus, vertigo, and more.

9. Yes__ No __ I am informed that if one has adverse reactions after the first shot, they should not get the second under any circumstances, and that more severe reactions and deaths occur after the second shot.

10. Yes__ No __ I am informed that “vaccines” pose an elevated risk of myocarditis, highest in young males, causing permanent heart damage and death, including among healthy athletes. There is no data on myocarditis for ages 5 - 11. My child will be part of a medical experiment on myocarditis in this age group.

11. Yes__ No __ I am informed that some countries halted mRNA injections in children due to myocarditis.

12. Yes__ No __ I am informed that long-term effects in weeks, months, years or decades are unknown. They may include antibody dependent enhancement, autoimmune diseases, neurodegenerative disorders, heart problems, thrombotic conditions, prion disease and an increase in chronic diseases and reproductive harms including infertility.

Basis for approval for Emergency Use Authorization

13. Yes__ No __ I am informed that the “safety” studies were conducted by Pfizer, who will profit from approval, and not by independent scientists, and that all data was controlled by Pfizer, including elimination of subjects who had adverse reactions to the first or second dose.

14. Yes__ No __ I am informed that many voting committee members have financial ties to Pfizer.

15. Yes__ No __ I am informed that Pfizer’s studies were rushed, methodologically flawed, conducted on very few subjects, and followed for a very short time, incapable of picking up signals for adverse reactions and Pfizer is being investigated for falsification of data, failure to investigate adverse reactions, and more.

16. Yes__ No __ I am informed that adverse reactions other than fever, chills, headaches, soreness and fatigue were not recorded and that subjects who had serious adverse reactions were eliminated from the study. Their reactions were often dismissed and misdiagnosed as psychological or coincidences.

17. Yes__ No __ I am informed that based on studies 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.

18. Yes__ No __ I am informed that health economists estimate of the risk/benefit analysis of the Number Needed to Vaccinate (NNTV) concludes that **“For every one child saved by the shot, another 117 would be killed by the shot.”**

[uTobian](#)

[What is the Number Needed to Vaccinate \(NNTV\) to prevent a single COVID-19 fatality in kids 5 to 11 based on the Pfizer EUA application?](#)

[NNTV, the standard policy tool that Pharma, the FDA, & CDC no longer want to talk about A funny thing happened this afternoon. Not funny as in “haha”. More like funny as in, “ohhhhh that’s how the FDA rigs the process.” I was reading the CDC’s “Guidance for Health Economics Studies Presented to the Advisory Committee on Immunization Practices \(ACIP\), 20...](#)

[Read more](#)

[a month ago · 127 likes · 84 comments · Toby Rogers](#)

RESOURCES FOR MORE INFORMATION

Check out this excellent link with Facts, resources, articles and videos

<https://seureservercdn.net/198.71.233.86/7mw.a02.myftpupload.com/wp-content/uploads/2021/11/Parent-Resources.pdf>

Links to these articles are on the link above.

Articles

Applying brakes on ‘Warp Speed’ COVID-19 vaccinations for children

Thousands of physicians and scientists reach consensus on vaccinating children and natural immunity

FDA buries data on seriously injured child in Pfizer’s Covid-19 clinical trial –

Vaccinating people who have had Covid-19: Why doesn't natural immunity count in the US?

FDA grants emergency use of Pfizer vaccine for kids 5 to 11, as reports of injuries after COVID vaccines near 840,000 –

Study “destroys” justification for vaccine mandates

Stabilizing the code

A review and autopsy of two COVID immunity studies

Rolling up the sleeve – A mother's view of vaccine history and how we got here

The CDC only tracks a fraction of breakthrough COVID-19 infections, even as cases surge

How the definition of "fully vaccinated" misleads people on COVID-19 vaccine safety & efficacy

Resources

Front Line COVID-19 Critical Care Alliance, Prevention & Treatment Protocols for COVID

<https://covid19criticalcare.com/> Dr. Robert Malone <https://globalcovidsymposium.org/>,

<https://twitter.com/RWMaloneMD>

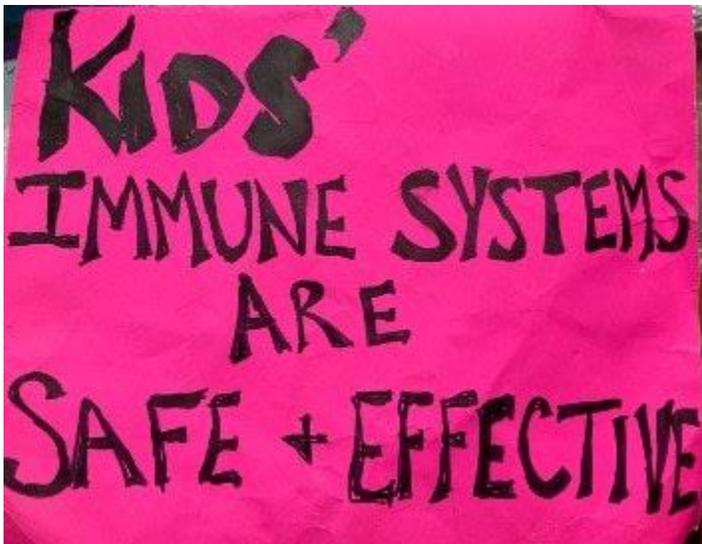
Children's Health Defense <https://childrenshealthdefense.org/>

Informed Consent Action Network <https://www.icandecide.org/>

Informed Choice Washington <https://informedchoicewa.org/>

Brownstone Institute <https://brownstone.org/>

Open VAERS <https://openvaers.com/index.php> (As of November 5, 2021, nearly a million people have reported a Covid vaccine adverse event, including 88,910 hospitalizations and 18,078 deaths.)



[The unforgivable sin!](#) An article written by G. Vanden Bossche, DVM, PhD

Excerpts and **bolding** by me

As the mechanism of immune defense in vaccinees is totally different from the one at play in unvaccinated individuals, the mantra of mass vaccination stakeholders that *vaccination of youngsters and children will provide them with improved protection from contracting severe disease is a textbook example of scientific nonsense*. Their irrational, erroneous extrapolations lead people to believe that they should get their children vaccinated whereas there is barely any more catastrophic immune intervention one could think of.

.... healthy children and youngsters are *NOT* 'naturally' susceptible to any Sars-CoV-2 lineage but exclusively acquire such susceptibility as a direct consequence of functional suppression of their well established innate immune capacity due to a rapid re-exposure event or, even much worse and long-lived, due to vaccination.

Vaccination of children and youngsters is turning off their broadly protective innate immunity in exchange for S (Spike)-specific vaccinal Abs (antibodies) that are becoming increasingly useless since their neutralizing capacity becomes more and more eroded as a result of enhanced escape of Sars-CoV-2 from neutralizing Abs [NAbs] (a trend that has been clearly confirmed by molecular epidemiologists). **Resistance to the neutralizing effect of vaccinal Abs that are nevertheless still able to bind Sars-CoV-2 virions and thereby outcompete protective innate Abs is likely to enhance the susceptibility of vaccinees to ADE (Ab-dependent enhancement of disease).**

Unless virology and immunology are being rewritten, I cannot imagine how mass vaccination of our youngsters and children will not lead to an even more disastrous outcome of all the scientifically irrational and unjustifiable vaccination efforts. Not only will these dramatically increase the children's risk to succumb to (accelerated) Covid-19 disease but it will also **take away the highly efficient capacity of healthy, unvaccinated people to diminish the dangerous, ever rising viral infectious pressure in the population.** By vaccinating our youngsters, children and, even more generally, all people in excellent health, we deprive an important part of the population from its 'anti-viral' capacity and instead turn them into a breeding ground for more infectious and increasingly NAb-resistant variants. In other words, **mass vaccination of children will inevitably obstruct the process of building herd immunity in the population.** While unvaccinated children who contract Covid-19 disease in the vast majority of cases don't suffer severe disease and contribute to the buildup of herd immunity in the population, **mass vaccination campaigns in children will prevent them from contributing to herd immunity,** because more infectious viral variants are increasingly escaping from neutralization by vaccinal anti-S Abs and gaining a significant fitness advantage in such an immunological environment.

There can be no doubt that large scale immune interventions which ignore the immune pathogenesis of the disease are recipes for massive disasters.

It cannot be that highly knowledgeable vaccinologists don't understand this clear-cut message. I can only shout at all of them, no matter their international reputation, the number of awards and recognitions they've gotten, the number of books they've written or high-ranked papers they've published in peer-reviewed journals: **SHAME ON YOU FOR NOT STANDING UP!"**

Author: G. Vanden Bossche, DVM, PhD Oct. 2021