[INSERT ADDRESS OF FACILITY]

[INSERT DATE]

RE: [INSERT NAME AND D.O.B OF PERSON IN FACILITY]

Proposed/Completed Vaccination.

Dear Sirs,

As you are aware, my [son/daughter] [INSERT NAME] is currently resident at [INSERT NAME OF FACILITY].

I have been advised that [he/she] is now scheduled to receive a COVID-19 vaccine on [INSERT DATE]

OR

I have been advised that [he/she] was vaccinated on [INSERT DATE].

As you will be aware, I am [INSERT NAME OF RESIDENT] ‘s [next of kin, parent/ relative] and as you know, [he/she] suffers from [INSERT CONDITION]. The purpose of this letter is to notify you as follows:

I have confirmed by [email/letter/in person] that I [am not/did not] consenting to [INSERT NAME OF RESIDENT] being administered with any COVID-19 vaccination.

Or if there was no previous correspondence – delete this note

I [am not/did not] consent to the administration of any COVID-19 vaccination, however, I understand that nevertheless [INSERT NAME OF RESIDENT] was administered with the COVID-19 vaccination without the consent of a lawful consent giver.

By return, please confirm what the lawful authority is, authorizing you to proceed with these vaccinations, without the consent of a lawful consent giver, particularly in circumstances where:

* all COVID-19 vaccines have been given only Emergency/Conditional Use authorization;
* are still in trial; and
* without medium- or long-term studies available as to adverse or beneficial effects.

[The letter stops here if you have not received a copy of the standard guidance from the facility as yet] – delete this note

I look forward to hearing from you.

Yours faithfully,

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[If and when you receive the standard guidance from the facility include/proceed as below – delete this note]

Please note that I have been given a copy of the HSE National Disability Services: *Guidance and Practical Resource Pack in Preparation for COVID-19 Vaccination Programme in Disability Services* (version 1, dated January 2021);and the HSE’s *National Consent Policy* (v 1.3, published in May 2013 and scheduled for revision in May 2016 and June 2019), and my position is as follows:

There can be no dispute about [INSERT NAME OF RESIDENT]’s lack of capacity to consent to vaccination on his own behalf. Given [his/her] significant vulnerabilities this is indisputable. This is the position regardless of the reference to his will and preference, as he does not have the capacity to make an independent assessment of what is proposed in order to give informed consent, or even to establish whether he can make an informed decision based on what has been offered to him by way of vaccine information.

My belief is that this is not and cannot be disputed by you or the faculty at [INSERT NAME OF FACILITY]. In this regard, I recognize that I may not have lawful authority to consent or to refuse to consent on [his/her] behalf in such circumstances where [he/she] is of full age. However, neither [INSERT NAME OF FACILITY] nor, with respect, you as [Director of Services or other function] or any other staff or medical doctors attached to the facility are lawful proxy consent-givers either, and, in such circumstances, an appropriate lawful consent-giver [should be/or should have been] appointed before any vaccination [takes/took] place.

The *Guidance* from the National Disability Services provides no basis for proceeding without proper and lawful consent been given. This being the case, you are directly liable for any adverse effects suffered by [INSERT NAME OF RESIDENT] as a consequence of the administration of the COVID-19 vaccination, in the short, medium or long term, where he has been vaccinated without lawful authority.

I invite you, accordingly, to indicate how you intend to proceed regarding your authority for the vaccination that has taken place, or any follow up/booster shots proposed, and what steps you propose to take to have a court make a decision for [INSERT NAME OF RESIDENT] going forward.

You might kindly note that I am consenting to be his guardian *as litem* for the purposes of such an application. I am satisfied that there is no other lawful basis for proceeding with [INSERT NAME OF RESIDENT]’s vaccination; a lawful proxy consent-giver must be appointed, (and should have been appointed) for that purpose. Please be advised that recourse to the *Guidance* is simply insufficient; it fails to accord with what is lawful.

You might kindly bring this letter to the attention of the facility and their legal advisers, with a view to [INSERT NAME OF RESIDENT]’s interests being appropriately and properly protected.

I await hearing from you as a matter of urgency.

Yours faithfully,

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