



To: Public Health Officers, School Administrators, Superintendents, and School Trustees in Ontario

Re: Protecting Parental Rights and Informed Consent

As we enter into another school year, it has been the practice of school administrators to collaborate with Public Health in their efforts to vaccinate all children according to the **recommended** childhood vaccination schedule. I am writing to request that public health officers, school administrators, superintendents, teachers, and school board trustees vigorously defend the right of parents to make medical decisions for their children and uphold the moral and legal requirement of informed consent for medical interventions.

As President of **Vaccine Choice Canada**, it has come to my attention that a number of public health officers and school districts are using deception and coercion to impose vaccination by withholding essential information from parents, specifically their legal right to file a statement of exemption based on conscience or religious belief. As an example, a recent letter from Dr. Allison Chris with Toronto Public Health makes no mention of vaccine exemptions, only the clear directive *"to get vaccinated"*.

I am also aware that vaccination clinics are being held in schools and vaccines administered to minor children without the knowledge or consent of their parents. Further, that these minors are being advised by those administering the vaccines, **individuals who have no prior history with the child**, that they are mature enough to make their own medical decisions. These 'health professionals' cannot make a proper assessment of "maturity", nor correctly assess that a child understands the risks vs benefits of vaccination in contrast to the risks vs benefits of contracting the illness. Most adults are not sufficiently informed to make this risk-benefit assessment.

Even more disturbing is that school based health professionals are administering a medical intervention **without knowledge of the child's and family's medical history**. Such actions puts the child at increased risk of vaccine injury. Vaccine clinics do not belong in schools. Vaccination should take place with a trusted health professional who knows the child's and family's medical history, particularly a prior injury from vaccination or a family history of vaccine injury.

I also am aware that health agents, in conjunction with school boards and principals, have threatened and carried out the expulsion of thousands of children in Ontario. The use of threats and expulsion is being used as a means to impose vaccination **by coercion rather than consent**. This is a violation of the medical ethic of informed consent. Suspensions do not change the vaccination status of the child so any presumed argument that a 20 day suspension is for the safety of other children is without merit. It is also worth noting that the adults in the schools - teachers, administrators, and support staff are not required to show proof of vaccination.

It is important that public health officers and school administrators honour that **all childhood vaccines in Canada are voluntary and subject to the legal requirement of informed consent**. Canadian Medical Law clearly states that healthcare recipients must be informed of all significant risks posed by any invasive medical procedure that carries a risk of injury or death. Vaccination is such a procedure.

What is rarely acknowledged by those advocating for mass vaccination is the following:

- **None of the vaccines on the childhood schedule** has been proven safe in controlled studies using a true placebo. ^{i ii iii}
- The safety of the vaccine schedule, which involves the administration of 67+ vaccines before age 18, has **not been proven safe**.
- In Canada, **no vaccine has been proven safer than non-vaccination**.
- **Vaccinated vs unvaccinated studies reveal unvaccinated children are healthier than vaccinated children.** ^{iv v vi vii viii ix x xi xii}
- A recent analysis of the 2020 Control Group Study data comparing the health outcomes of vaccinated and unvaccinated children in the United States revealed **the risk of dying is higher from vaccination than from non-vaccination for all vaccines on the childhood schedule.** ^{xiii}
- Many vaccines on the childhood schedule do not prevent infection or transmission and thus do not protect others as is claimed by health professionals. These include: **polio, diphtheria, tetanus, whooping cough, Hep B, COVID-19, influenza, and Hib vaccines**. This means vaccination with these vaccines offers no protective benefit to others.
- Vaccines that contain live viruses can infect others through shedding. These include: **measles, mumps, rubella, chicken pox, rotavirus, and oral polio vaccines**. This means the recently vaccinated can put others at risk of infection. It is those recently vaccinated with a live vaccine who ought to be suspended until there is evidence the shedding has ceased.

The claim that *“delaying or refusing vaccines puts others at risk of illness”* ignores these realities. This statement is marketing propaganda and fear mongering, not evidence-based medicine.

The dogma of *‘vaccines are safe, effective and necessary’* is promoted without consideration of the scientific evidence to the contrary. There appears to be an intentional effort to undermine the responsibility of parents to protect their children from the risk of vaccine injury and from unwanted medical interventions.

Public health officers, school administrators, teachers and others who participate in coercing the vaccination of minors may be complicit in the harming of children.

It’s important that our schools and health professionals behave in law-abiding and ethical ways so we can trust that our children are safe when they go to school. I look forward to your efforts to support parental authority and informed consent.

Sincerely,



Ted Kuntz, President
Vaccine Choice Canada

Website: <https://vaccinechoicecanada.com/>

Mailing Address: PO Box 23023, Belleville, ON K8P 5J3

Email: info@vaccinechoicecanada.com

ⁱ Vaccines, Amen. The Religion of Vaccines. Chapter Ten, Aaron Siri, 2025

ⁱⁱ Vaccines: A Reappraisal. Chapter Three, Dr. Richard Moskowitz, 2017

ⁱⁱⁱ <https://icandecide.org/wp-content/uploads/2024/03/no-placebo-101823.pdf>

^{iv} <https://www.oatext.com/Pilot-comparative-study-on-the-health-of-vaccinated-and-unvaccinated-6-to-12-year-old-U-S-children.php>

^v <https://pubmed.ncbi.nlm.nih.gov/32537156/>

^{vi} https://www.researchgate.net/publication/365417868_Health_versus_Disorder_Disease_and_Death_Unvaccinated_Persons_Are_Incommensurably_Healthier_than_Vaccinated

^{vii} <https://vaxcheckers.org/wp-content/uploads/2021/09/PRJN4.pdf>

^{viii} https://www.researchgate.net/publication/346088816_Relative_Incidence_of_Office_Visits_and_Cumulative_Rates_of_Billed_Diagnoses_Along_the_Axis_of_Vaccination

^{ix} <https://journals.sagepub.com/doi/full/10.1177/0960327112440111>

^x <https://www.oatext.com/pdf/JTS-7-459.pdf>

^{xi} <https://pubmed.ncbi.nlm.nih.gov/15805992/>

^{xii} <https://www.hsgac.senate.gov/wp-content/uploads/Entered-into-hearing-record-Impact-of-Childhood-Vaccination-on-Short-and-Long-Term-Chronic-Health-Outcomes-in-Children-A-Birth-Cohort-Study.pdf>

^{xiii} <https://vaccinechoicecanada.com/RiskOfDeath/>