



July 31, 2021

To Whom It May Concern:

Please review this form and add to my child’s school file for the 2021-2022 school year. Per the following statutes and protections, my child listed below will not be required to wear facial masks/shields at school, will not be required to receive the Covid-19 injection to attend school, will not be required to participate in viral Covid-19 testing, will not be required to quarantine if asymptomatic, and/or will not be discriminated against based on those decisions.

Per the **Civil Immunities (745 ILCS 70/) Health Care Right of Conscience Act<sup>1</sup>**:

“It is the public policy of the State of Illinois to respect and protect the right of conscience of all persons who refuse to obtain, receive or accept, or who are engaged in, the delivery of, arrangement for, or payment of health care services and medical care whether acting individually, corporately, or in association with other persons; and to prohibit all forms of discrimination, disqualification, coercion, disability or imposition of liability upon such persons or entities by reason of their refusing to act contrary to their conscience or conscientious convictions in providing, paying for, or refusing to obtain, receive, accept, deliver, pay for, or arrange for the payment of health care services and medical care.”

Per the **United States Department of Education Office for Civil Rights<sup>2</sup>**:

“As school leaders respond to evolving conditions related to coronavirus, they should be mindful of the requirements of Section 5043, Title II4 and Title VI5 to ensure that all students are able to study and learn in an environment that is safe and free from discrimination.”

Per the **FEMA Civil Rights Bulletin<sup>3</sup>**:

“Rights laws and legal authorities remain in effect, and cannot be waived, during COVID-19, Executive Orders, [or during] other disasters.”

Per the **Federal Law, Title 21 U.S.C. § 360bbb-3 of the Federal Food, Drug, and Cosmetic Act<sup>4</sup>**:

“Individuals to whom the product is administered are informed— (I) that the Secretary has authorized the emergency use of the product; (II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and (III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.”

Per the Joint Guidance on the Application of the **Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA)<sup>5</sup>** To Student Health Records: “The term ‘education records’ is defined to mean, with certain exceptions, those records that are: (1) directly related to a student, and (2) maintained by an educational agency or institution or by a party acting for the agency or institution. 20 U.S.C. § 1232g(a)(4)(A); 34 CFR § 99.3 (definition of “education records”). For instance, a student’s health records, including immunization records, maintained by an educational agency or institution (such as by an elementary or secondary school nurse) would generally constitute education records subject to FERPA.”

Per the **Department of Public Health Act<sup>6</sup>** (20 ILCS 2305) an asymptomatic student may not be made to quarantine *unless*: A parent/Guardian provides consent or an order of a court is issued (emails or phone calls from school personnel do not constitute a court order).

**STUDENT NAME:** \_\_\_\_\_

**SCHOOL ATTENDING:** \_\_\_\_\_

**GRADE/TEACHER:** \_\_\_\_\_

As the parent/guardian of the student listed above, I affirm these expectations and trust your leadership will reflect support of parental consent, civil rights, and all liberties protected by the laws, regulations, and constitution of Illinois and the United States of America. Any questions or concerns regarding this notice and its stipulations should not be directed at my student but rather to me, the parent/guardian. Should any school district personnel and/or agent enact policies/guidelines/protocols that are in violation of any law, right, or protection of the aforementioned student, legal action may be taken.

Regards,

\_\_\_\_\_ (Parent/Guardian signature(s) and date)

\_\_\_\_\_ (Parent/Guardian printed name(s))

<sup>1</sup> https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2082&ChapterID=58  
<sup>2</sup> https://www2.ed.gov/about/offices/list/ocr/docs/ocr-coronavirus-fact-sheet.pdf  
<sup>3</sup> https://www.fema.gov/sites/default/files/2020-07/fema\_ensuring-civil-rights-during-covid-19-response.pdf  
<sup>4</sup> https://www.ecfr.gov/content/title21/title21.pdf/USCODE:2011-title21-chap9-subchapV-partE-sec360bbb-3.pdf  
<sup>5</sup> https://www.hhs.gov/hipaa/for-professionals/special-topics/ferpa-hipaa/index.html  
<sup>6</sup> https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=330&ChapterID=5

Superintendent (INSERT SUPERINTENDENT NAME HERE) and School District (INSERT SCHOOL DISTRICT NUMBER HERE) Board of Education Members,

This communication is to inform School District XXX that my children will not:

1. Be required to wear facial masks/shields/coverings at school, and/or
2. Be required to receive the COVID-19 injection to attend school, and/or
3. Be required to participate in viral COVID-19 testing, and/or
4. Be required to quarantine if asymptomatic, and/or
5. Be discriminated against based on these decisions.

Pursuant to the Health Care Right of Conscience Act, the above objections are given protection by this Act.

**(745 ILCS 70/5) (from Ch. 111 1/2, par. 5305)**

Sec. 5. Discrimination. It shall be unlawful for any person, public or private institution, or public official to discriminate against any person in any manner, including but not limited to, licensing, hiring, promotion, transfer, staff appointment, hospital, managed care entity, or any other privileges, because of such person's conscientious refusal to receive, obtain, accept, perform, assist, counsel, suggest, recommend, refer or participate in any way in any particular form of health care services contrary to his or her conscience.

(Source: P.A. 90-246, eff. 1-1-98.)

Today, the Governor of Illinois announced another mask mandate. Pursuant to The Illinois Emergency Management Agency Act, **(20 ILCS 3305/7) (from Ch. 127, par. 1057)**, the Governor has 14 specific powers delegated by the legislature, however, there is not 1 which gives him authority to mask children in schools.

Regarding the Illinois Emergency Management Agency Act, if the Legislature intended to give the Governor the ability to delegate power to Administrative Agencies (ISBE and IDPH for this discussion), House Bill 2789 would not be pending in the Legislature at this time. In House Bill 2789, one of the primary functions is that if the State has a disaster, as determined by the Governor, it empowers the IDPH and ISBE with certain authorities to develop rules and regulations that Local School Boards must follow during that Emergency, otherwise the School District could lose their recognition status. House Bill 2789 would give these Administrative Bodies those powers. The School District would have no authority to deviate from the IDPH and ISBE rules and regulations.

If this pending law, currently grants the Governor the power to delegate such authority to IDPH and ISBE, why would the Legislature, today, believe he wields this power? They don't, as only one could logically determine.

In other words, if that power already existed in the Illinois Emergency Management Agency Act, which grants the Governor the authority to delegate to these administrative bodies the power to force these requirements on local school boards, the legislature wouldn't be considering a bill right now to give them that exact authority.

Please notify School District XXX Faculty, Staff, Contractors, or other Employees, that they may not:

- Refuse to allow our children to enter the school without a mask, shield, or facial covering.
- Send our children home for not wearing a mask, shield, or facial covering.
- Refuse to provide identical in-person instruction and policies that are offered to all School District XXX students.
- Inform, instruct, or suggest to our children that the children must put on a mask, shield, or facial covering.
- Ask our children if they forgot their mask, shield, or facial covering, or ask our children where their masks are.
- Offer our children a mask, shield, or facial covering, or instruct them where to go to get a mask.
- Allow anyone to bully, harass or comment to our children about their choice to not wear a mask, shield or facial covering.

By providing our objections to the above 5 points, I ask that School District XXX inform me, and the public of its plan to enforce these objections upon my children, and what consequences School District XXX will have in place for the 2021-2022 School Year. I request this information no later than Thursday, August 12<sup>th</sup>. By providing School District XXX my formal objection to these points, a timely response from School District XXX is requested.

If School District XXX requests that a different format is necessary for this information to be disseminated, please advise no later than Friday, August 6<sup>th</sup>.

I sincerely hope that my children, and others, will not receive any resistance from School District XXX upon exercising our right to send our children to school without masks, as well as the other objections listed above.

August 3, 2021

Dear \_\_\_\_\_,

Recent guidance from the ISBE has instructed districts to consult with the insurance provider regarding liability related to COVID19 mitigations. We believe this district has properly consulted said provider(s) and legal counsel. As parents/guardians, we are providing numerous studies on health concerns any child facing forced masking and what that could possibly mean in terms of the schools liability.

It is well known that pinpointing the origin of a virus is impossible. Case law, the CDC, and even our Governor himself has stated this very clearly. On the other hand, mandating an authorized but non-approved medical device for the purpose of protecting against something it says it will not protect against IS a liability. Please consider this prior to finalizing the District's decision regarding mandatory masking.

From the FDA:

*“On August 5, 2020, the FDA issued an umbrella EUA for certain disposable, single-use surgical masks in response to concerns relating to insufficient supply and availability of such masks. This EUA authorized the emergency use of surgical masks that met certain performance requirements for use in healthcare settings by health care personnel (HCP) as PPE, to provide a physical barrier to fluids and particulate materials to prevent HCP exposure to respiratory droplets and large particles during surgical mask shortages resulting from the COVID-19 pandemic. Surgical masks that have been confirmed by FDA to meet the criteria under the EUA are included below in Appendix A as authorized surgical masks.”*

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas>

*“Cloth face coverings made from common, easily accessible materials are an additional, voluntary public health approach to help slow the spread of COVID-19.”*

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical>

If the District chooses to violate our rights and mandate the wearing of masks, please have your insurance company provide the families of all students a written Assumption of Liability stating they accept the responsibility and liability associated with mandating the use of an unapproved medical device against the guidance of the FDA and the manufacturer. The studies below indicate some of the risks of wearing masks, but are not exhaustive. The Assumption of Liability should include these and any other known or unknown effects. These side effects impact a significantly larger percentage of our children than the impact of covid. Additionally, per the insurers established standard to date, the assumption of liability should include the risk of getting covid-19 while under the mandate for unauthorized medical device use.

However, we remain hopeful the District will still opt to protect parents rights and students' civil liberties. Allowing optional mask wearing is a fair and safe compromise across the board.

Serious consideration of this statement is appreciated.

Regards,

## References:

1) “There is little evidence to support the effectiveness of face masks to reduce the risk of infection.”

[https://www.cambridge.org/core/services/aop-cambridge-core/content/view/64D368496EBDE0AFCC6639CCC9D8BC05/S0950268809991658a.pdf/face\\_masks\\_to\\_prevent\\_transmission\\_of\\_influenza\\_virus\\_a\\_systematic\\_review.pdf?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/64D368496EBDE0AFCC6639CCC9D8BC05/S0950268809991658a.pdf/face_masks_to_prevent_transmission_of_influenza_virus_a_systematic_review.pdf?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

2) “...laboratory-confirmed viral infections were significantly higher in the cloth masks group. Virus particle penetration was almost 97%. ...the results caution against the use of cloth masks.. Moisture retention, reuse of cloth masks, and poor filtration may result in increased risk of infection.”

[https://www.bmj.com/content/369/bmj.m1435?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://www.bmj.com/content/369/bmj.m1435?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

3) “...surgical and handmade masks, and face shields, generate significant leakage jets that have the potential to disperse virus-laden fluid particles by several meters. ....They all showed an intense backward jet for heavy breathing and coughing conditions. It is important to be aware of this jet, to avoid a false sense of security that may arise when standing to the side of, or behind, a person wearing a surgical, or handmade mask, or shield.”

[https://arxiv.org/ftp/arxiv/papers/2005/2005.10720.pdf?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://arxiv.org/ftp/arxiv/papers/2005/2005.10720.pdf?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

4) JAMA: “Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill.”

[https://jamanetwork.com/journals/jama/fullarticle/2762694?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://jamanetwork.com/journals/jama/fullarticle/2762694?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

5) “Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds.”

<https://pubmed.ncbi.nlm.nih.gov/19216002/>

6) From one meta analysis of masks to prevent infection, N95 masks and respirators no less: “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”

<https://pubmed.ncbi.nlm.nih.gov/22188875/>

7) “...both surgical and cotton masks seem to be ineffective in preventing the dissemination of SARS-CoV-2 from the coughs of patients with COVID-19 to the environment and external mask surface.”

[https://www.acpjournals.org/doi/10.7326/M20-1342?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA&](https://www.acpjournals.org/doi/10.7326/M20-1342?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA&)

8. NEJM: “We know that wearing a mask outside health care facilities offers little, if any, protection from infection. ....The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.”

[https://www.nejm.org/doi/full/10.1056/NEJMp2006372?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://www.nejm.org/doi/full/10.1056/NEJMp2006372?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

9) Just a note, respiratory acidosis is bad and leads to also polyuria, urinary acidosis, kidney damage, and hypercapnia. The stress response from lowered oxygen causes cortisol to rise, potentially so, which lowers immune vigilance increasing infection risk. “Respiratory acidosis develops when air into and exhaled from the lungs does not get adequately exchanged between the carbon dioxide from the body and oxygen from the air.”

[https://www.medicalnewstoday.com/articles/313110?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://www.medicalnewstoday.com/articles/313110?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

10) Also note, deoxygenation is bad and not only leads to and/or exacerbates headaches disorders, a hypoxic state can create and/or activate malignant cells within 48 hours. Know what else leads to increased cancer risk? Acidosis. (note article above this one on respiratory acidosis) This is old work from Otto Warburg himself. “Most health care workers develop de novo PPE associated headaches or exacerbation of their pre-existing headache disorders.”

<https://pubmed.ncbi.nlm.nih.gov/32232837/>

11) The meta analysis is the most reliable data set as the reproducibility of results is scientifically so powerful.

Long, Y. et al. (2020) “Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis,” J Evid Based Med. 2020; 1- 9.

[https://onlinelibrary.wiley.com/doi/epdf/10.1111/jebm.12381?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://onlinelibrary.wiley.com/doi/epdf/10.1111/jebm.12381?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

12) “A total of six RCTs involving 9,171 participants were included. There were no statistically significant differences in preventing laboratory-confirmed influenza, laboratory-confirmed

respiratory viral infections, laboratory-confirmed respiratory infection, and influenza-like illness using N95 respirators and surgical masks. Meta-analysis indicated a protective effect of N95 respirators against laboratory-confirmed bacterial colonization (RR = 0.58, 95% CI 0.43-0.78). The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza.”

Meta analysis of 17 studies. Key points: “There is little evidence to support the effectiveness of face masks to reduce the risk of infection.” and “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”

[https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00307.x?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1750-2659.2011.00307.x?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

13) A 2017 meta-analysis of 23 studies and six controlled trials found, as did the current 2020 analysis, that yet again there was bias in studies that claimed masks provide protective benefits. The analysis removed the bias and concluded that that masks are not effective: “Self-reported assessment of clinical outcomes was prone to bias. Evidence of a protective effect of masks or respirators against verified respiratory infection (VRI) was not statistically significant.”

[https://www.cmaj.ca/content/188/8/567?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://www.cmaj.ca/content/188/8/567?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

14) Even in May 2020 the CDC (yes, the CDC) published an analysis of several studies that notes the ineffectiveness of mask wearing for prevention of influenza infection and transmission.

[https://wwwnc.cdc.gov/eid/article/26/5/19-0994\\_article?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

15) From the CDC, again: “Available evidence shows that (cloth masks)... may even increase the risk of infection due to moisture, liquid diffusion and retention of the virus. Penetration of particles through cloth is reported to be high... Altogether, common fabric cloth masks are not considered protective against respiratory viruses and their use should not be encouraged.”

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

16) Four authors of this scientific analysis of numerous publications has stood since 2011: “None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection.”

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5779801/?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\\_nY3L9OImgvLOcGM3NFPkhCCXeXpA](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5779801/?fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7_nY3L9OImgvLOcGM3NFPkhCCXeXpA)

17) Top EU health officials also agree that masks are pseudoscientific.

<https://fee.org/articles/europes-top-health-officials-say-masks-arent-helpful-in-beating-covid-19/?>

fbclid=IwAR34vdMwRdAYOOpRLAVmRXSq4Qdjg7\_nY3L9OImgvLOcGM3NFPkhCCXeXpA

