

General Instructions for Letter  
to send with Caregivers and Consent  
document

1. Complete all blank areas in the heading of the letter.
2. Complete the signature block (signature above line, printed name, address, phone, email information below signature line and the date ONLY before the Notary.
3. Attach this letter to the Caregivers and Consent document when you mail and courier service (*see General Instructions for Caregivers and Consent document for further details.*)

**To:** All Healthcare Providers for Patient named \_\_\_\_\_  
with Date of Birth \_\_\_\_\_

And all Representatives, Subsidiaries, Parent Companies, Attorneys, Chief of Staff, Chief  
Quality Officer, Medical Executive Committee, Board of Trustees  
**c/o Chief Executive Officer for Hospital**

**RE:** Caregivers and Consent document

Attached is my Caregivers and Consent document.

Please ensure that this Caregivers and Consent document is clearly accessible in the electronic  
medical record at all times for all healthcare providers.

Thank you in advance for your attention to this matter.

\_\_\_\_\_  
Patient's Signature                                      Date  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

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SIGNATURE ACKNOWLEDGED BEFORE NOTARY

State of: \_\_\_\_\_  
County of: \_\_\_\_\_

The signer of this document PERSONALLY came and appeared before me, the undersigned Notary  
named \_\_\_\_\_, on (date) \_\_\_\_\_.  
*(Notary's Printed Name)*

\_\_\_\_\_  
NOTARY PUBLIC *(Signature)*

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## General Instructions for Caregivers and Consent document

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- **IMPORTANT: READ EVERY WORD. Initial all portions that apply to the left of the item. DO NOT make a check mark or an “x”; use your initials in the blank line to the left of the item to show you intentionally selected this item.**
- Write anything you are allergic to or medications or treatments that you don’t want administered in the blank lines in the fillable area. Don’t forget to initial the blank lines area if you add information. If you do not add additional information in blank lines area, **DO NOT** initial the blank lines area or fill out any information.
- Notarize the document: **ONLY SIGN THIS CAREGIVERS AND CONSENT DOCUMENT AND THE LETTER BEFORE THE NOTARY.**
- The documents are to be delivered or served to the hospital only when you enter the hospital and become a patient.
- Should you become hospitalized and, therefore, unable to personally send the document as outlined in these General Instructions, arrange ahead of time to have a designated family member or friend send copies of the document on your behalf to the hospital CEO.
  1. Make at least 10 copies of the original notarized documents (for extras). *Keep this original Caregivers and Consent document in a safe place.*
  2. Mail to the hospital the letter and a copy of this Caregivers and Consent document. Use a United States Postal Service *Priority Mailer* and Certified Mail with Return Receipt Requested. Address the *Priority Mailer* to the CEO at the hospital’s physical address. **ONLY MAIL THE COPY OF THE LETTER ONCE YOU ARE A PATIENT AT THE HOSPITAL.**
  3. Courier Service a copy of the above letter and copy of this Caregivers and Consent document to the CEO at the hospital’s physical address. **ONLY COURIER SERVICE A COPY OF THE LETTER ONCE YOU ARE A PATIENT AT THE HOSPITAL**
  4. Make sure whoever initiated the deliveries knows to keep a copy of the letter and this Caregivers and Consent document with the Certified Mail number and Return Receipt Requested signature; keep the Courier Service receipt information.
  5. Keep one copy on your person to hand to your providers. Keep the additional copies of this Caregivers and Consent document for your records and to distribute, as needed, to other care providers.
  6. Give a copy of this Caregivers and Consent document to the Attending Physician.
  7. Give a copy of this Caregivers and Consent document to the Nurse.
  8. Be sure and get access to your online medical records asap to verify your documents have been added to your electronic medical record.

Finally, feel free to use different wording or modify this for your own Caregivers and Consent document if you so choose; the important takeaway is to clearly communicate in writing your consent, or lack thereof, to healthcare providers.

I, \_\_\_\_\_, advise all physicians, nurses, and other caregivers, that this Caregivers and Consent document reflects my current wishes for my care and are carefully planned and intentional wishes. This Caregivers and Consent document also reflects my deeply held religious and spiritual beliefs; please ensure that this Caregivers and Consent document is clearly accessible in the electronic medical records at all times for all of my care providers.

Receipt of this Caregivers and Consent document by the hospital serves as notice that I will report to the Medical Board any physician who violates my carefully planned and intentional wishes that are based upon my deeply held religious and spiritual beliefs and are delineated within this Caregivers and Consent document.

**MY CAREFULLY PLANNED AND INTENTIONAL WISHES THAT ARE BASED UPON MY DEEPLY HELD RELIGIOUS AND SPIRITUAL BELIEFS INCLUDE:**

\_\_\_\_\_ **I DO NOT CONSENT TO THE USE OF MEDICATIONS WITHOUT MY BEING INFORMED OF EACH MEDICATION'S RISKS, BENEFITS, AND ALTERNATIVES BEFORE THEY ARE ORDERED.** Only after that information is communicated shall I choose to either grant consent or to not grant consent for each and every medication that is ordered.

\_\_\_\_\_ **I DO NOT CONSENT** to receiving any vaccine or booster for COVID19 or COVID19 variant.

\_\_\_\_\_ **I DO NOT CONSENT** to receiving the seasonal Flu vaccine.

\_\_\_\_\_ **I DO NOT CONSENT** to receiving the Pneumococcal vaccine.

\_\_\_\_\_ **I DO NOT CONSENT** to receiving **ANY** vaccination for **ANY** purpose or disease.

\_\_\_\_\_ **I DO NOT CONSENT** to the use of Remdesivir or Veklury or any drug related to Remdesivir or Veklury under any circumstances.

\_\_\_\_\_ **I DO NOT CONSENT** to the use of Baricitinib, or its brand name Olumiant, for COVID19 or COVID19 variant.

\_\_\_\_\_ **I REQUEST AND CONSENT** to the use of 1mg of Budesonide via nebulizer every 4 to 6 hours for COVID19 or COVID19 variant diagnosis with respiratory issues.

\_\_\_\_\_ **I DO NOT CONSENT** to a ventilator in the case of a COVID19 or COVID19 variant diagnosis **WITHOUT** consultation with myself regarding the risks, benefits, and alternatives **PRIOR** to the implementation of the ventilator. Only **AFTER** that information is communicated to me shall I choose to either grant consent or to not grant consent for the ventilator in the case of a COVID19 or COVID19 variant diagnosis.

\_\_\_\_\_ **I DO NOT CONSENT** to medications related to any COVID19 protocol or COVID19 variant protocol without my first conducting an independent evaluation regarding side effects or

risks associated with the COVID19 protocol or COVID19 variant protocol medications. Only I shall approve COVID19 protocol medications or COVID19 variant protocol medications. *Under no circumstances should any COVID19 protocol medication or COVID19 variant protocol medication, or COVID19 treatment plan medication or COVID19 variant treatment plan medication, be given without my specific approval for each and every medication.*

\_\_\_\_ **I REQUEST AND CONSENT** to the implementation of alternative treatments for COVID19 and COVID19 variants (like those offered as alternative protocols such as Ivermectin and Hydroxychloroquine). If the facility does not allow for the use of any alternative medical treatments for COVID19 or COVID19 variant, **I REQUEST AND CONSENT** that I be discharged to another facility.

\_\_\_\_ **I REQUEST AND CONSENT** to the use of all life-saving measures, such as CPR and all other resuscitation measures. If I consent to my discharge to hospice level of care, **I REQUEST AND CONSENT** that I be provided oxygen, nutrition, hydration, medication, and any other equipment necessary for comfort.

\_\_\_\_ **I DO NOT CONSENT** to receiving **ANY** blood transfusions that contain blood products derived from COVID19 vaccinated donors or COVID19 variant vaccinated donors.

\_\_\_\_ **I DO NOT CONSENT** to receiving **ANY** processed food, such as high-fructose corn syrup or seed oils. The only acceptable oil for me is butter, ghee, beef tallow, or coconut oil. Acceptable forms of protein are eggs, lamb, bison, beef, or non-farmed seafood; but they must not be prepared with seed oils. If the hospital is unable to provide this food for me, my family or friends will bring it for me.

\_\_\_\_ **I ALSO DO NOT CONSENT TO THE FOLLOWING:**

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**Caregivers and Consent**

All the items in this Caregivers and Consent document shall remain in effect unless I choose to revoke in writing; no one else may alter or amend this Caregivers and Consent document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date:

\_\_\_\_\_  
SIGNATURE ACKNOWLEDGED BEFORE NOTARY

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The signer of this document PERSONALLY came and appeared before me, the undersigned Notary named \_\_\_\_\_, on (date) \_\_\_\_\_.  
*(Notary's Printed Name)*

\_\_\_\_\_  
NOTARY PUBLIC *(Signature)*