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## General Instructions for Caregivers and Consent document

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- **IMPORTANT:** Initial all portions that apply to the left of the item. Do not make a check mark or an “x”. Use your initials 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.**
- Make at least 10 copies (for extras)
  1. 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.
  2. 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.
  3. Give a copy of this Caregivers and Consent document to the Attending Physician.
  4. Give a copy of this Caregivers and Consent document to the Nurse.
  5. Keep the additional copies of this Caregivers and Consent document for your records and to distribute, as needed, to other care providers.
  6. 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.
  7. Keep this original Caregivers and Consent document in a safe place.
  8. 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 (see General Instructions #1, #2 and #6).
  9. 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.

## Caregivers and Consent

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 its generic called 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

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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. 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:

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**NOTARIZED ACKNOWLEDGEMENT**

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

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

PERSONALLY came and appeared before me, the undersigned Notary, within the  
named \_\_\_\_\_, who is a resident of \_\_\_\_\_ County, State  
of \_\_\_\_\_  
\_\_\_\_\_.