

Parents' Rights Declaration

1991 Patient Self-Determination Act and 14th Amendment Rights

I, the undersigned, hereby declare the following natural and common-law right of self-determination as guaranteed by the 14th Amendment of the Constitution of the United States of America and the 1991 Patient Self-Determination Act which rights I reserve as follows:

1. I reserve the right to seek and ask for healthcare counsel, advice, information, recommendations, assessments, evaluations, tests, and/or treatments, regimens or modalities from a doctor, therapist, nurse, or other healthcare provider of my choice for any health reason or purpose.

2. I reserve the right to select or reject individuals, as my personal healthcare advisor whether they be a Medical Doctor, Psychiatrist, Osteopath, Chiropractor, Dentist, Nutritionist, Dietitian, Herbalist, Pharmacist, Nurse, Therapist, Iridologist, Priest, Pastor, Rabbi, Minister, Councilor, Relative, Friend, or anyone from the general citizenry who has or has not any formal training, claimed knowledge, education, insights or qualifications to be my healthcare advisor.

3. I reserve the right to Freedom of Choice in Medicine in its most liberal construction including the right to choose: my own diet, purchase or use any treatment therapy, regimen, modality, herb, food, health product, nutritional supplement, or prescribed medicine for any health condition I have or may have as evaluated by myself, my doctor, psychiatrist, therapist, nurse, or other healthcare provider of my choice.

The enumeration, in this declaration, of these rights shall not be construed to deny or disparage others retained by me, or my right to amend this declaration at any time.

Construction Notice

Notice is hereby given to any person or persons who receive a copy of this DECLARATION and who, acting under color of any law, intentionally interfered with the free exercise of my rights reserved under the 14th Amendment of the Constitution of the United States of America, an enumeration in this document, that they may be in violation of Section 1, under Due Process Clause as defined by the Supreme Court in the Cruzan case, as well as possible violations under the 1st, 4th, 5th, and 9th Amendments and the 1991 Patient Self-Determination Act.

Signed: _____ Date: _____

Name: _____ Phone: _____

Address: _____

City/State: _____ Zip _____

Note: I request that this be put in the permanent medical file and permanent school file where applicable for future easy reference.

Copies of this DECLARATION may be shared with the appropriate local, state, and Federal authorities, healthcare providers, insurers, or any other parties as needed in relationship to protecting, supporting, insuring, or enforcing my Private Rights.