

**POWER OF ATTORNEY FOR CARE OF A MINOR CHILD**

Use of this form is authorized by T.C.A. § 34-6-301 et seq. Completion of this form, along with the proper signatures, is sufficient to authorize enrollment of a minor in school and to authorize medical treatment. However, a school district may require additional documentation/information as permitted by this section of Tennessee law before enrolling a child in school or any extracurricular activities. *Please print clearly.*

**Part I:** To be filled out and/or initialed by parent(s).

1. Minor Child's Name \_\_\_\_\_

2. Mother/Legal Guardian's Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Father/Legal Guardian's Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Caregiver's Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.  Both parents are living, have legal custody of the minor child and have signed this document;

OR

One parent is deceased;

OR

One parent has legal custody of the minor child and both parents have signed this document and consent to the appointment of the caregiver;

OR

One parent has legal custody of the minor child, and has sent by Certified Mail, Return Receipt requested, to the other parent at last known address, a copy of this document and a notice of the provisions in § 34-6-305; or the non-custodial parent has not consented to the appointment and consent cannot be obtained because

6. Temporary care-giving authority regarding the minor child is being given to the caregiver because of the following type of hardship (check at least one):

the serious illness or incarceration of a parent or legal guardian;

the physical or mental condition of the parent or legal guardian or the child is such that care and supervision of the child cannot be provided;

the loss or uninhabitability of the child's home as a result of a natural disaster;

the need for medical or mental health treatment (including substance abuse treatment) by the parent or legal guardian; or,

other (please describe)

\_\_\_\_\_

7.  I/We the undersigned, authorize the named caregiver to do one or more of the following:

enroll the child in school and *extracurricular activities* (including but not limited to Boy Scouts, Boys & Girls Club),

obtain medical, dental, and mental health treatment for the child, and

provide for the child's food, lodging, housing, recreation and travel.

I/We grant the following additional power to the named caregiver:

\_\_\_\_\_

8.  I/We understand that this document does not provide legal custody to the caregiver. If at any time I/we disagree with a decision of the named caregiver or choose to make any healthcare or educational decisions for my/our child, I/we must revoke the power of attorney, in writing, and provide written documentation to the health care provider and the local education agency (i.e., school).

9.  I/We understand that this document may be terminated in another written document signed by either parent with legal custody or by any order of a court with competent jurisdiction.

**Part II:** To be initialed by caregiver.

10.  I understand that this document, properly executed, gives me the right to enroll the minor child in the local education agency serving the area where I reside.

11.  I understand that this document does not provide me with legal custody.

12. ( ) I understand that, prior to enrollment, the local education agency may require documentation of the minor child's residence with a caregiver and/or documentation or other verification of the validity of the stated hardship.

13. ( ) I understand that, except where limited by federal law, I shall be assigned the rights, duties, and responsibilities that would otherwise be assigned to the parent, legal guardian or legal custodian pursuant to Tennessee Code Annotated Title 49.

14. ( ) I understand that, if the minor child ceases to reside with me, I am required by law to notify any person, school or health care provider to whom I have given this document.

**Part III:** To be initialed by parent(s) and caregiver.

15. ( ) ( ) We understand that, by accepting the power of attorney, if we enroll a student in a school system while fraudulently representing the child's current residence or the parents' hardship or circumstances for using the power of attorney, either or both of us is liable for restitution to the school district for an amount equal to the per pupil expenditure for the district in which the student is fraudulently enrolled. Restitution shall be cumulative for each year the child has been fraudulently enrolled in the system and may include costs and fees related to litigation.

I/We declare under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct.

STATE OF TENNESSEE )  
COUNTY OF \_\_\_\_\_ )

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

\_\_\_\_\_  
Mother/Legal Guardian

The Mother/Legal Guardian, \_\_\_\_\_, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires:  
\_\_\_\_\_

STATE OF TENNESSEE )  
COUNTY OF \_\_\_\_\_ )

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

**Father/Legal Guardian**

The Father/Legal Guardian, \_\_\_\_\_, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

\_\_\_\_\_  
**NOTARY PUBLIC**

My commission expires:

**STATE OF TENNESSEE )**  
**COUNTY OF \_\_\_\_\_ )**

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

**Caregiver**

The Caregiver, \_\_\_\_\_, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

\_\_\_\_\_  
**NOTARY PUBLIC**

My commission expires:

\_\_\_\_\_

**NOTICE TO THE LOCAL EDUCATION AGENCY AND/OR HEALTH CARE PROVIDER:**

Pursuant to T.C.A. § 34-6-308, no person, school official or health care provider who acts in good faith reliance on a power of attorney for care of a minor child to enroll the child in school or to provide medical, dental or mental health care, without actual knowledge of facts contrary to those authorized, is subject to criminal or civil liability to any person, or is subject to professional disciplinary action for such reliance. This section shall apply even if medical, dental, or mental health care is provided to a minor child or the child is enrolled in a school in contravention of the wishes of the parent with legal custody of the minor child, as long as the person, school official or health care provider has been provided a copy of an appropriately executed power of attorney for care of a minor child, and has not been provided written documentation that the parent has revoked the power of attorney for care of a minor child.

Additionally, pursuant to T.C.A. § 34-6-310, a person who relies on the power of attorney for care of a minor child has no obligation to make any further inquiry or investigation. Nothing in this part shall relieve any individual from liability for violations of other provisions of law.

**REVOCAION OF POWER OF ATTORNEY FOR CARE OF A MINOR CHILD**

*As provided for in T.C.A. § 34-6-301 et. seq., revocation of any previously executed Power of Attorney for Care of a Minor Child must be in writing. Properly executed, this form meets all requirements of T.C.A. §34-6-301 et. seq. to properly revoke said Power of Attorney for Care of a Minor Child. Please note, however, that use of this form is recommended, but not required to revoke a previously executed Power of Attorney for Care of a Minor Child.*

**Part I:** To be filled out by parent(s) of minor child:

1. Minor Child's Name \_\_\_\_\_

2. Mother/Legal Guardian's Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Father/Legal Guardian's Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Caregiver's Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part II:** To be filled out by the parent(s).

I, \_\_\_\_\_, hereby revoke the Power of Attorney for Care of a  
Name of Parent(s)  
Minor Child for the child listed above in Part I, which was previously executed on

\_\_\_\_\_ and given to \_\_\_\_\_ to act as said minor child's  
Date Name of Caregiver

Caregiver. All rights, power, and authority previously granted to said Caregiver pursuant

to said Power of Attorney for Care of a Minor Child are hereby revoked, effective

immediately. I understand that I must provide a copy of this Revocation to any health

care provider and/or school that previously received a copy of the Power of Attorney.