

REVOCATION OF POWER OF ATTORNEY 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 Minor
(Name of Parent(s))
Child for the child listed above in Part I, which was previously executed on _____ and
(Date)
given to _____ to act as said minor child's Caregiver. All rights,
(Name of Caregiver)
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.

IN WITNESS WHEREOF, I/We sign this Revocation of Power of Attorney for Care of a Minor Child and 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 _____)

Mother/Legal Guardian

Date: _____

The Mother/Legal Guardian, _____, personally appeared before me this _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires:

STATE OF TENNESSEE)
COUNTY OF _____)

Father/Legal Guardian

Date: _____

The Father/Legal Guardian, _____, personally appeared before me this _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires:
