

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.

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 _____)
COUNTY OF _____)

_____ Date: _____
Mother/Legal Guardian

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

NOTARY PUBLIC

My commission expires:

STATE OF _____)
COUNTY OF _____)

_____ Date: _____
Father/Legal Guardian

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

NOTARY PUBLIC

My commission expires:
