

**Minor (Child) Power of Attorney Form**

For the Minor named \_\_\_\_\_  
born on the \_\_\_\_ day of \_\_\_\_\_ (Hereinafter known as the 'Minor')

I, \_\_\_\_\_, the  Parent or  Court Appointed Guardian  
with a street address of \_\_\_\_\_, City of \_\_\_\_\_,  
State of \_\_\_\_\_.

(if co-guardian/parent exists)

And I, \_\_\_\_\_, the  Parent or  Court Appointed Guardian  
with a street address of \_\_\_\_\_, City of \_\_\_\_\_,  
State of \_\_\_\_\_.

I/We hereby appoint \_\_\_\_\_ with an  
address of \_\_\_\_\_ as the  
Attorney-in-Fact for the Minor

I/We delegate to the Attorney-in-Fact the powers of:

All authority that I have as the minor's parent/guardian legal under the State of TENNESSEE, INCLUDING  
Medical Power of Attorney.

This document can be terminated at any time by completing a revocation or by creating a new minor  
power of attorney form. This power of attorney shall be governed under the laws in the State of  
TENNESSEE and this does not terminate any prior written form, if any exists.

Parent/Court Appointed Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

2<sup>ND</sup> Parent/Court Appointed Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Initial** \_\_\_\_\_

Notary Acknowledgment

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

\_\_\_\_\_ County, ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me appeared  
\_\_\_\_\_, ***(Name of Parent(s)/Court Appointed Guardian(s))***  
who proved to me through government issued photo identification to be the above-named person(s), in  
my presence executed foregoing instrument and acknowledged that (s)he executed the same as his/her  
free act and deed.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Note: If the parents are divorced or separated and both parents have custody, but one parent cannot be found or will not sign, mail a copy of this Power Of Attorney to the last known address of the other parent via ***Certified Mail Adult Signature Restricted Delivery***, and then save the return receipt as proof that this was seen by the other parent.

**Initial** \_\_\_\_\_

# **\*LEGAL DOCUMENT\***

Use this form if the 2<sup>nd</sup> parent / guardian is not available to sign.

1. Mail this form plus a **copy** of the signed power of attorney to the 2<sup>nd</sup> parent.
2. Keep a copy of this form with the original Power of Attorney and the Returned Signature Card form the Post Office. (Returned signature card will be mailed to you when the 2<sup>nd</sup> parent gets this in the mail.)

YOU ARE BEING NOTIFIED THAT THE ATTACHED DOCUMENT HAS BEEN SIGNED BY THE PERSON LISTED BELOW. YOU HAVE 30 DAYS TO EITHER SIGN THIS AND MAIL IT BACK, OR YOU MAY CONTEST IT. IF YOU DO NEITHER, THE DOCUMENT WILL BECOME VALID WITHOUT YOUR SIGNATURE. TO CONTEST IT, PLEASE SEEK THE ADVICE OF AN ATTORNEY.

Signed by \_\_\_\_\_, Parent

Print Name \_\_\_\_\_

Address: \_\_\_\_\_

Certified Mail Tracking Number \_\_\_\_\_

To be attached to Power of Attorney for Care of Minor

---

If you wish to agree to the Power of Attorney, sign below and mail back to the address above.

\_\_\_\_\_  
(Sign Here)

\_\_\_\_\_  
Date