

AUTHORIZATION TO CONSENT FOR HEALTH CARE OF MINOR

General Information

NOTE: THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR CHILD'S HEALTH CARE AGENT BROAD POWERS TO MAKE HEALTH CARE DECISIONS FOR YOUR CHILD. USE OF THIS FORM IS OPTIONAL AND SHOULD BE CONSIDERED ONLY IF YOU ARE COMFORTABLE WITH THE POWERS AND PROVISIONS GRANTED BY THIS DOCUMENT.

***EXPLANATION:** You have the right to name someone to make health care decisions for your child when you cannot make or communicate those decisions for whatever reason. This document gives the person you designate as the health care agent broad powers to make health care decisions for your child when you cannot make the decision yourself or cannot communicate your decision concerning your child to other people.*

Note: This Health Care Consent for a Minor meets the requirements of Tennessee law and is intended to be valid in any jurisdiction in which it is presented, but places outside of Tennessee may impose requirements that this form does not meet; therefore, if your child leaves this state we recommend that you seek assistance from an attorney in that area who can advise you on whether you need to sign another form of Authorization to Consent for the Health Care of Minor.

Things to Consider:

1) Talk to your family and your potential agent

You should discuss your wishes concerning the medical care for your child, mental health treatment, and other health care decisions with your child's health care agent. Except to the extent that you express specific limitations or restrictions in this form, the health care agent may make any health care decision for your child.

2) Specific duties of your child's health care agent

This form does not impose a duty on the health care agent to exercise the granted powers, but when a power is exercised, your child's health care agent will be obligated to use due care to act in your child's best interests and in accordance with this document.

Granting this broad power also creates the potential for abuse. For this reason, we recommend that you have a serious discussion with the potential agent before you sign it and have it delivered to the agent. Before you sign it and have it delivered to the agent, be confident in their ability to make the right decision for your child.

Suggested Topics to Discuss with Your Child's Health Care Agent

- Explain what you think is important for your child's health

- Make sure the potential agent is willing to follow your wishes regarding your child's health care
- Make sure the potential agent is aware of your child's current health status, including any special conditions, medications, allergies, etc.
- Make sure the potential agent knows your child's doctor, dentist and nearest health care facility
- Other topics to discuss include: organ donation, your attitude towards death, religious beliefs, etc.
- Decide when you want to make the document effective through delivery to the agent, and when you want it recorded.

3) Fill out the Authorization to Consent for the Health Care of Minor and...

Once the Form is completed, we recommend that you keep the original and you can give a copy of the form to the agent, you child's doctors, nearest hospital, etc. You should also present your child's health care agent to any important medical personnel (including but not limited to your child's pediatrician) to ease any transition process in the event of your absence.

You can deliver the documents to the agent immediately, or can wait and have someone else deliver them to the agent if you are placed in detention. This decision is very important and is something that should be discussed with your family and an attorney. If you decide to hold on to the documents, it also is important to decide how the documents will be delivered, and by whom. You also should discuss the documents with your children, so that they will understand where to go if you are arrested, and who has the authority to make decisions for them.

If over time, your beliefs or attitudes in any area change, you should inform your child's health care agent. How well your child's health care agent performs depends on how well you have prepared them and how well you stay touch with them.

4) How to Revoke a Health Care Power of Attorney for a Minor

There may come a time when you decide that you would like to revoke (cancel) your Health Care Consent Form for a Minor. This Form may be revoked in the following ways:

- Revocation by custodial parent (a document saying you are revoking the Health Care Consent for a Minor);
- By executing a new Health Care Consent for a Minor;
- By any other manner by which you communicate your intent to revoke the document;
- Providing an end date for the document;
- The child reaches the age of 18; or
- Termination of parental rights.

Please note: The revocation of your Health Care Consent for a Minor becomes effective only when you contact each agent named in the document and to your child's attending physician, and clearly inform each of these people that the document has been revoked. **You should communicate this decision to these people in writing.**

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 _____

2ND 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 _____

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.