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 _____, I/We hereby appoint ______ with an 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 _____

Notary Acknowledgment

State of _		_ County, ss.		:
who prov	ved to me through go	vernment issued p	, before me appeared, (Name of Parent(s)/Court Appo hoto identification to be the above-i acknowledged that (s)he executed to	named person(s), i
'	and deed.			,
 P	Notary Public			
N	My Commission Expire	es:		