POWER OF ATTORNEY FOR CHILDCARE
(IF MORE THAN ONE PARENT, USE A SEPARATE FORM FOR EACH PARENT)
Child's Name:
Child's Date of Birth:
Social Security Number:
Parent's Name:
Parent's Address:
Parent's Phone Number:
I, THE PARENT NAMED ABOVE, DO NOW GIVE FULL POWER OF ATTORNEY TO THE PERSON(S) LISTED BELOW TO DO, SIGN, MAKE ARRANGEMNETS, MAKE ANY DECISIONS, AND TO DO OR INSTRUCT OTHERS TO DO ANYTHING NESSESARY, THE SAME AS IF I HAD MADE SAID DECISION OR IF I HAD SIGNED SAID FORMS. THIS POWER OF ATTORNEY FOR MINOR CHILD IS DURABLE AND SHALL NOT BE REVOKED BY MY INCAPACITY, AND SHALL ONLY BE REVOKED BY THE CHILD TURNING 18, OR BY MY HAND IN WRITING AND DELIVERED TO THE SAID GUARDIAN LISTED BELOW.
GUARDIAN printed name
PHONE NUMBER:
SIGNATURE OF GUARDIAN:
SIGNATURE OF PARENT
STATE OF TENNESSEE, COUNTY OF
SIGNED BY THE ABOVE-NAMED PARENT IN FRONT OF ME, PROVEN WITH GOOD AND SUFFICIENT ID.
, NOTARY PUBLIC Comm. Ex.
PARENT, please initial one of the options below if it applies: IF THIS DOES NOT APPLY, PLEASE WRITE $n/a$ in each of the blanks below.
<ul> <li>Both parents are living, have legal custody of the minor child and have signed this document;</li> <li>OR</li> </ul>
One parent is deceased; OR
One parent has legal custody of the minor child and both parents have signed this document and consent to the appointment of the caregiver;  OR
One parent has legal custody of the minor child, and has sent by Certified Mail, Return Receipt requested, to the other parent at last known address, a copy of this document and a notice of the provisions in § 34-6-305;

THIS PAGE CAN BE OMITTED IF A COPY OF THIS DOCUMENT DOES NOT NEED TO ME MAILED TO
THE OTHER PARENT.

IF THE OTHER PARENT NEEDS TO BE MAILED A COPY OF THE POWER OF ATTORNEY, PLEASE ALSO MAIL THIS FORM WITH IT. IT IS REQUIRED BY LAW THAT THE OTHER PARENT RECEIVES A COPY OF THE LAW MENTIONED BELOW.

TN Code § 34-6-305 (2023): The power of attorney does not provide legal custody to the caregiver; provided, however, that, if at any time the parent or legal guardian disagrees with the decision of the caregiver or chooses to make any healthcare or educational decisions for the minor child, the parent must revoke the power of attorney and provide the health care provider and local education agency either written documentation of the revocation or a court order appointing a legal guardian or legal custodian.

NOTE: IF ONE PARENT HAS BEEN SENT A COPY OF THIS DOCUMENT BY CERTIFIED MAIL, AFTER THE Return Receipt (USPS PS Form 3811) HAS BEEN SENT BACK TO YOU, PLEASE TAPE OR STAPLE IT TO THE BLANK SECTION BELOW AND STAPLE THIS PAGE TO THE ORIGINAL COPY OF THE POWER OF ATTORNEY FOR PROOF OF SERVICE.