

**REVOCATION 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 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 TENNESSEE )**  
**COUNTY OF \_\_\_\_\_ )**

\_\_\_\_\_  
**Mother/Legal Guardian** Date: \_\_\_\_\_

The Mother/Legal Guardian, \_\_\_\_\_, personally appeared  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

My commission expires:  
\_\_\_\_\_

**STATE OF TENNESSEE )**  
**COUNTY OF \_\_\_\_\_ )**

\_\_\_\_\_  
**Father/Legal Guardian** Date: \_\_\_\_\_

The Father/Legal Guardian, \_\_\_\_\_, personally appeared  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

My commission expires:  
\_\_\_\_\_