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**.

To be completed 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		-
I,	, hereb Name of Parent(s)	y revoke the Power of Attorney for Care of a M	- inor
Child f	for the child listed above in Part I, which was pr	eviously executed on and give Date	en to
	Name of Caregiver	ninor child's caregiver. All rights, power, and	
author	prity previously granted to said Caregiver pursua	ant to said Power of Attorney for Care of a Minc	or
Child a	are hereby revoked, effective immediately. I ur	nderstand that I must provide a cop of the	
Revoca	cation to any health care provider and/or school	I that previously received a copy of the Power o	of
Attorn	ney.		

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)				
COUNTY OF)				
Mother/Legal Guardian	_	D	ate:	
The Mother/Legal Guardian, me this day of	, 20			_, personally appeared before
		NOTARY F	PUBLIC	
My commission expires:				
STATE OF)				
COUNTY OF)				
Father/Legal Guardian				
The Father/Legal Guardian, me this day of	, 20			, personally appeared before

NOTARY PUBLIC

My commission expires: