

POWER OF ATTORNEY FOR CARE OF A MINOR CHILD

is authorized by T.C.A. § 24-6-201 et seq. Completion of this form

along with the proper signatures is sufficient to authorize enrollment of a minor in

the physical or mental condition of the parent or legal guardian or the child is such that care and supervision of the child cannot be provided;

the loss or uninhabitability of the child's home as a result of a natural disaster;

the need for medical or mental health treatment (including substance abuse treatment) by the parent or legal guardian; or,

other (please describe)

7. I/We the undersigned, authorize the named caregiver to do one or more of the following:

enroll the child in school and *extracurricular activities* (including but not limited to Boy Scouts, Boys & Girls Club),

obtain medical, dental and mental health treatment for the child

and

12. I understand that, prior to enrollment, the local education agency may require documentation of the minor child's residence with a caregiver and/or documentation or other verification of the validity of the stated hardship.

13. I understand that, except where limited by federal law, I shall be assigned the rights, duties, and responsibilities that would otherwise be assigned to the parent, legal guardian or legal custodian pursuant to Tennessee Code Annotated Title 40

Date: _____

Father/Legal Guardian

The Father/Legal Guardian, _____, personally appeared
before me this _____ day of _____, 2003.

My commission expires:

STATE OF TENNESSEE)
COUNTY OF _____)

Date: _____

Caregiver

The Caregiver, _____, personally appeared before me
this _____ day of _____, 2003.

NOTARY PUBLIC

My commission expires:

REVOCAION 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