

AUTHORIZATION TO CONSENT FOR HEALTH CARE OF MINOR

General Information

NOTE: THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR CHILD'S HEALTH CARE AGENT BROAD POWERS TO MAKE HEALTH CARE DECISIONS FOR YOUR CHILD. USE OF THIS FORM IS OPTIONAL AND SHOULD BE CONSIDERED ONLY IF YOU ARE COMFORTABLE WITH THE POWERS AND PROVISIONS GRANTED BY THIS DOCUMENT.

***EXPLANATION:** You have the right to name someone to make health care decisions for your child when you cannot make or communicate those decisions for whatever reason. This document gives the person you designate as the health care agent broad powers to make health care decisions for your child when you cannot make the decision yourself or cannot communicate your decision concerning your child to other people.*

Note: This Health Care Consent for a Minor meets the requirements of Tennessee law and is intended to be valid in any jurisdiction in which it is presented, but places outside of Tennessee may impose requirements that this form does not meet; therefore, if your child leaves this state we recommend that you seek assistance from an attorney in that area who can advise you on whether you need to sign another form of Authorization to Consent for the Health Care of Minor.

Things to Consider:

1) Talk to your family and your potential agent

You should discuss your wishes concerning the medical care for your child, mental health treatment, and other health care decisions with your child's health care agent. Except to the extent that you express specific limitations or restrictions in this form, the health care agent may make any health care decision for your child.

2) Specific duties of your child's health care agent

This form does not impose a duty on the health care agent to exercise the granted powers, but when a power is exercised, your child's health care agent will be obligated to use due care to act in your child's best interests and in accordance with this document.

Granting this broad power also creates the potential for abuse. For this reason, we recommend that you have a serious discussion with the potential agent before you sign it and have it delivered to the agent. Before you sign it and have it delivered to the agent, be confident in their ability to make the right decision for your child.

Suggested Topics to Discuss with Your Child's Health Care Agent

- Explain what you think is important for your child's health

- Make sure the potential agent is willing to follow your wishes regarding your child's health care
- Make sure the potential agent is aware of your child's current health status, including any special conditions, medications, allergies, etc.
- Make sure the potential agent knows your child's doctor, dentist and nearest health care facility
- Other topics to discuss include: organ donation, your attitude towards death, religious beliefs, etc.
- Decide when you want to make the document effective through delivery to the agent, and when you want it recorded.

3) Fill out the Authorization to Consent for the Health Care of Minor and...

Once the Form is completed, we recommend that you keep the original and you can give a copy of the form to the agent, you child's doctors, nearest hospital, etc. You should also present your child's health care agent to any important medical personnel (including but not limited to your child's pediatrician) to ease any transition process in the event of your absence.

You can deliver the documents to the agent immediately, or can wait and have someone else deliver them to the agent if you are placed in detention. This decision is very important and is something that should be discussed with your family and an attorney. If you decide to hold on to the documents, it also is important to decide how the documents will be delivered, and by whom. You also should discuss the documents with your children, so that they will understand where to go if you are arrested, and who has the authority to make decisions for them.

If over time, your beliefs or attitudes in any area change, you should inform your child's health care agent. How well your child's health care agent performs depends on how well you have prepared them and how well you stay touch with them.

4) How to Revoke a Health Care Power of Attorney for a Minor

There may come a time when you decide that you would like to revoke (cancel) your Health Care Consent Form for a Minor. This Form may be revoked in the following ways:

- Revocation by custodial parent (a document saying you are revoking the Health Care Consent for a Minor);
- By executing a new Health Care Consent for a Minor;
- By any other manner by which you communicate your intent to revoke the document;
- Providing an end date for the document;
- The child reaches the age of 18; or
- Termination of parental rights.

Please note: The revocation of your Health Care Consent for a Minor becomes effective only when you contact each agent named in the document and your child's attending physician, and clearly inform each of these people that the document has been revoked. **You should communicate this decision to these people in writing.**

POWER OF ATTORNEY FOR CARE OF A MINOR CHILD

Use of this form is authorized by T.C.A. § 34-6-301 et seq. Completion of this form, along with the proper signatures, is sufficient to authorize enrollment of a minor in school and to authorize medical treatment. However, a school district may require additional documentation/information as permitted by this section of Tennessee law before enrolling a child in school or any extracurricular activities. *Please print clearly.*

Part I: To be filled out and/or initialed by parent(s)/legal guardian(s).

1. Minor Child's Name _____

2. Mother/Legal Guardian's Name & Address _____

3. Father/Legal Guardian's Name & Address _____

4. Caregiver's Name & Address _____

5. (____) Both parents are living, have legal custody of the minor child and have signed this document;

OR

(____) 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; or the non-custodial parent has not consented to the appointment and consent cannot be obtained because _____.

6. Temporary care-giving authority regarding the minor child is being given to the caregiver because of the following type of hardship (**check at least one**):

(____) the serious illness or incarceration of a parent or legal guardian;

- the parent or legal guardian has been deported, removed or detained;
- 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
 - provide for the child's food, lodging, housing, recreation and travel.

I/We grant the following additional power to the named caregiver: _____

_____.

8. I/We understand that this document does not provide legal custody to the caregiver. If at any time I/we disagree with a decision of the named caregiver or choose to make any healthcare or educational decisions for my/our child, I/we must revoke the power of attorney, in writing, and provide written documentation to the health care provider and the local education agency (i.e., school).
9. I/We understand that this document may be terminated in another written document signed by either parent with legal custody or by any order of a court with competent jurisdiction.

Part II: To be initialed by caregiver.

10. I understand that this document, properly executed, gives me the right to enroll the minor child in the local education agency serving the area where I reside.

11. (____) I understand that this document does not provide me with legal custody.
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 49.
14. (____) I understand that, if the minor child ceases to reside with me, I am required by law to notify any person, school or health care provider to whom I have given this document.

Part III: To be initialed by parent(s) and caregiver.

15. (____) (____) We understand that, by accepting the power of attorney, if we enroll a student in a school system while fraudulently representing the child's current residence or the parents' hardship or circumstances for using the power of attorney, either or both of us is liable for restitution to the school district for an amount equal to the per pupil expenditure for the district in which the student is fraudulently enrolled. Restitution shall be cumulative for each year the child has been fraudulently enrolled in the system and may include costs and fees related to litigation.

I/We declare under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct.

STATE OF _____)
 COUNTY OF _____)

Date: _____

Mother/Legal Guardian

The Mother/Legal Guardian, _____, personally appeared before me this _____ day of _____, 20__.

NOTARY PUBLIC

My commission expires:

STATE OF _____)
COUNTY OF _____)

Date: _____

Father/Legal Guardian

The Father/Legal Guardian, _____, personally appeared before me this _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires:

STATE OF _____)
COUNTY OF _____)

Date: _____

Caregiver

The Caregiver, _____, personally appeared before me this _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires:

In lieu of a notary, pursuant to Tennessee Code Annotated § 34-6-302, the Legal Guardian(s) may complete the following acknowledgement by two witnesses.

The Legal Guardian(s) signed or acknowledged signing this document in my presence and, based upon personal observation, appears to be emotionally and mentally competent to complete this Power of Attorney for Care of a Minor Child form. Two witnesses must sign and date their signatures concurrently (at the same time) and in each other's presence.

(Signature of Witness #1)

(Date)

(Signature of Witness #2)

(Date)

NOTICE TO THE LOCAL EDUCATION AGENCY AND/OR HEALTH CARE PROVIDER:

Pursuant to T.C.A. § 34-6-308, no person, school official or health care provider who acts in good faith reliance on a power of attorney for care of a minor child to enroll the child in school or to provide medical, dental or mental health care, without actual knowledge of facts contrary to those authorized, is subject to criminal or civil liability to any person, or is subject to professional disciplinary action for such reliance. This section shall apply even if medical, dental, or mental health care is provided to a minor child or the child is enrolled in a school in contravention of the wishes of the parent with legal custody of the minor child, as long as the person, school official or health care provider has been provided a copy of an appropriately executed power of attorney for care of a minor child, and has not been provided written documentation that the parent has revoked the power of attorney for care of a minor child.

Additionally, pursuant to T.C.A. § 34-6-310, a person who relies on the power of attorney for care of a minor child has no obligation to make any further inquiry or investigation. Nothing in this part shall relieve any individual from liability for violations of other provisions of law.