POWER OF ATTORNEY FOR CARE OF A MINOR CHILD

TN AREA 52 AL-ANON/ALATEEN (HEREIN “ALATEEN”)

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 medical treatment. *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

(Alateen Sponsor)

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 absence of the minor child from the control of his parent(s) at the following Alateen event:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Describe Event)

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

(\_\_\_\_) enroll the child in an Alateen event,

(\_\_\_\_) obtain medical, dental, and mental health treatment for the child, and

(\_\_\_\_) provide for the child’s food, lodging, housing, recreation and travel in connection with the Alateen event.

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.

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.

10. ***Notwithstanding the provisions of Paragraphs 8 and 9, this Power is automatically revoked upon the return of the child to the child’s primary residence from the event described in Paragraph 6.***

**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 event described in Paragraph 6.

11. (\_\_\_\_) I understand that this document does not provide me with legal custody.

12. (\_\_\_\_) 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.

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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_