

**MEDICAL RELEASE  
INFANT FOR ADOPTION**

I, \_\_\_\_\_, hereby request that medical information and  
visitation privileges to my infant child, \_\_\_\_\_, born on  
\_\_\_\_\_, 20\_\_\_\_, be granted to the individuals listed below.

This request will cover the period of \_\_\_\_\_ to  
\_\_\_\_\_.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Birth parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness



**CONSENT TO RELEASE OF INFANT  
And RELEASE OF LIABILITY**

I, \_\_\_\_\_, being the birth mother and the natural legal guardian of the baby born on \_\_\_\_\_, 20 \_\_\_\_\_, and known as \_\_\_\_\_, Medical Record Number \_\_\_\_\_, at the Vanderbilt University Medical Center in Nashville, Tennessee, having made the decision to place my child for adoption do hereby consent and give my permission to have my baby discharged to \_\_\_\_\_ (“Custodian(s)”).

By this Consent and Release, I authorize the hospital to discharge to child to the Custodian (s) named above without personal liability, bond, or expense to Vanderbilt University, its officers, trustees, or employees for any accident or other harm which may befall the child during discharge or while in the care and custody of the Custodian(s). Furthermore, I have executed a Power of Attorney which authorizes the Custodian(s) to have temporary physical custody and responsibility for the child pending the surrender of my parental rights in court proceedings in accordance with Tennessee law.

I have granted this Consent and Release of my own free will and have not been induced, influenced or subjected to pressure by anyone.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**STATE OF TENNESSEE  
COUNTY OF DAVIDSON**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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



# ACKNOWLEDGEMENT OF ATTORNEYS IN FACT

I/We, \_\_\_\_\_, accept the Power of Attorney executed to us by \_\_\_\_\_, the birth mother of the baby born on \_\_\_\_\_, 20\_\_\_\_\_, and known as \_\_\_\_\_, Medical Record Number \_\_\_\_\_, at the Vanderbilt University Medical Center in Nashville, Tennessee. As the Attorney(s) in Fact, I/We assume the temporary physical custody of this child and assume responsibility for the child including the responsibility to make medical decisions for this child while the child is in my/our care and custody until this Power of Attorney expires or is revoked.

I/We understand that this Power of Attorney does not terminate the birth mother's parental rights. This Power of Attorney shall expire upon the surrender of the birth mother's parental right in court proceedings in accordance in Tennessee law unless the birth mother earlier revokes this Power of Attorney in writing.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Attorney in Fact

\_\_\_\_\_  
Signature of Attorney in Fact

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print name



# POWER OF ATTORNEY

I, \_\_\_\_\_, being the birth mother and natural legal guardian of the baby born on \_\_\_\_\_, 20\_\_\_\_\_, and known as \_\_\_\_\_, Medical Record Number \_\_\_\_\_, at the Vanderbilt University Medical Center in Nashville, Tennessee, having made the decision to place my child for adoption do hereby appoint \_\_\_\_\_, of \_\_\_\_\_, my true and lawful attorneys in fact for the purposes set forth herein.

By the Power of Attorney, I authorize the Attorney(s) in Fact named herein to have temporary physical custody of my child and assume responsibility for my child including the responsibility to make medical decisions for my child while my child is in the custody of the Attorney(s) in Fact.

I have granted this Power of Attorney of my own free will and have not been induced, influenced or subjected to pressure by anyone.

I understand that this document does not terminate my parental rights. This Power of Attorney shall expire upon the surrender of my parental rights in court proceedings in accordance with Tennessee law unless I earlier revoke this Power of Attorney in writing.

This Power of Attorney only becomes effective at the time of my child's discharge from the hospital.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

