STALLINGS CHIRPORACTIC CENTER
820 Chuck Gray Court
Owensboro, KY
(270) 685-5100

Jeffry T. Stallings, DC
Brett G. Stallings, DC

Kara Liebenauer, DC
W. Blake Main, DC

MINOR CONSENT FORM

I, (Parent/Guardian) _____

Give my permission to: (circle one of the following)

Jeffry T. Stallings, DC **Kara S. Liebenauer, DC**

Brett G. Stallings, DC **W. Blake Main, DC**

To Examine and Treat my child:_____
(minor name here)

X_____
Parent/Guardian

_____
Date

_____
Witnessed