



Stallings Chiropractic

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Jeffry T. Stallings, D.C.
Kara Liebenauer, D.C.

Brett G. Stallings, D.C.
W. Blake Main, D.C.

MINOR CONSENT FORM

I (parent/guardian) _____ give my permission to the doctors at Stallings Chiropractic (Jeffry T. Stallings, Brett G. Stallings, Kara S. Liebenauer, or W. Blake Main) to examine and treat my child _____.

Signature of Parent/Guardian: _____

Date: _____

Witness Signature: _____