



Louisiana Deafblind Project for Children and Youth
LSUHSC Human Development Center
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Consent to Register with the LA Deafblind Project

I do consent to register my child _____

with the Louisiana Deafblind Project for Children and Youth. I understand that the work of the

Louisiana Deafblind Project may include but is not limited to the following:

- o Obtain information regarding your child from other agencies
- o Share information regarding your child with other agencies
- o Observe your child in home, school, and social environments
- o List your child as a member of the LA Registry of Students with deafblindness
- o Review medical records to confirm hearing and vision impairments
- o Update demographic information a minimum of every three (3) years
- o Report aggregated/deidentified data to the U.S. Department of Education, Office of Special Education Programs

By signing this form, you indicate your desire to register your child with the Louisiana Deafblind Project. You have the right to revoke this consent, in writing, except where disclosures have been made in reliance on your prior consent.

I have read all of the above, and I certify that I understand its contents.

Parent Signature

Date

Other Authorized Signature

Date

Emergency Contact

Telephone Number