



286 Highway 3185 • P.O. Box 1345
Thibodaux, LA 70301
(985) 447-4461 • 1 (800) 331-5570

**Referral and Consent to Release Information
(Including paper, oral, and electronic information)**

Parent/Guardian's Name: _____ Relationship: _____

Child's Name: _____ D.O.B.: ____/____/____

Mailing Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Parish: _____

I, the undersigned, hereby understand that by signing this form I authorize Bayou Land Families Helping Families to refer, obtain, and release information concerning the above named individual.

Signature of Parent or Legal Guardian

Date

Witness Signature

Date