



COS Contact Form

I, _____

the parent or Legal Guardian of _____

give my consent to COS for the release and exchange of information regarding this child.

I understand that I have the right to revoke my signature at any time.

Signed: _____

Date: _____

Child/Children date of birth: _____

Address: _____

I can be contacted at: _____

Who referred you to COS? _____

What are your concerns?
