



The Flower Essence Society

a division of Earth-Spirit, Inc.

P.O. Box 459, Nevada City, CA 95959 USA Tel: 800-736-9222 530-265-9163 Fax: 530-265-0584
email: mail@flowersociety.org Website: www.flowersociety.org

FES Case Study Release Form

I hereby give permission to the Flower Essence Society to use my case study for research and/or educational purposes, as noted below. If permission is granted, case studies may be mentioned in published articles or presented during instructional classes in flower essence therapy.

Please check any boxes that apply:

- Please enter my case in your general research files, but do not refer to it specifically in any written or oral presentations. (This is the minimum level of permission required for participation in the certification program.)
 - Please keep my name and location confidential
 - You may print my initials and city/state
 - You may print my full name, profession, and city/state
 - Please protect my anonymity by making the changes listed below
- Additional information, comments or restrictions:

Name: _____

Signed and dated: _____

Additional signature of parent/legal guardian if client is under the age of 18:

Signed and dated: _____

For practitioner to fill out:

Case Study Name or Number: _____

Practitioner Name: _____