

**Consent for Procedure**

<input type="checkbox"/> I have been given information about the assessment carried out today and have been given enough time to decide whether or not to go ahead with the procedure	
<input type="checkbox"/> I have accessed, read and understood the information provided in the information booklet online "Tongue Tie Information"	
<input type="checkbox"/> I have read and agree to the Terms and Conditions, Privacy Notice, Cancellations and Refunds Policy	
I understand the following risks: <ul style="list-style-type: none"><li><input type="checkbox"/> Bleeding</li><li><input type="checkbox"/> Pain/discomfort felt by baby during and following procedure</li><li><input type="checkbox"/> Infection/inflammation</li><li><input type="checkbox"/> Potential relearning of positioning and attachment by baby</li><li><input type="checkbox"/> Changes to feeding behaviour</li><li><input type="checkbox"/> Regrowth/Scar tissue/incomplete division</li><li><input type="checkbox"/> Inadvertent damage to surrounding structures</li><li><input type="checkbox"/> Little or no improvement in feeding</li><li><input type="checkbox"/> Fussy baby for 24-48 hours post division</li></ul>	
<input type="checkbox"/> I have had opportunity to ask the practitioner questions about the assessment, procedure and associated risks	
<input type="checkbox"/> I consent for identifiable photographic images and videos to be taken of the procedure and to be used for training/marketing/social media/medical documentation purposes	
<input type="checkbox"/> I have Parental Responsibility/Registered Legal Responsibility for the above named infant and consent for the named practitioner to perform frenulotomy on my child	
Print Full Name:	Signature:
Date:	Time: