**Consent for Procedure**

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| * 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 | |
| * I have accessed, read and understood the information provided in the online information section (or printed version) “Tongue Tie Information” | |
| * I have read and agree to the “Terms and Conditions”, “Privacy Notice and Data Protection” and the “Cancellations and Refunds Policy” (available in online and printed version) | |
| I understand the following risks:   * Bleeding: use of gauze, medical dressings, hospital admission, adrenalin/alternative, sutures * Pain/discomfort felt by baby during and following procedure * Infection/inflammation * Potential relearning of positioning and attachment by baby * Changes to feeding behaviour * Regrowth/Scar tissue/incomplete division * Inadvertent damage to surrounding structures within the oral cavity * Little or no improvement in feeding * Fussy baby for 24-48 hours post division | |
| * I have had opportunity to ask the practitioner questions about the assessment, procedure and associated risks | |
| * 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 | |
| * 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: |