**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
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| * I have accessed, read and understood the information provided in the online information section (or printed version) “Tongue Tie Information”
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| * 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)
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| 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
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| * I have had opportunity to ask the practitioner questions about the assessment, procedure and associated risks
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| * 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
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| * I have Parental Responsibility/Registered Legal Responsibility for the above named infant and consent for the named practitioner to perform frenulotomy on my child
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| Print Full Name: | Signature: |
| Date: | Time: |