

CONSENT POLICY

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 online information section (or printed version) "Tongue Tie Information"	
<input type="checkbox"/> 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: <ul style="list-style-type: none"> <input type="checkbox"/> Bleeding: use of gauze, medical dressings, hospital admission, adrenalin/alternative, sutures <input type="checkbox"/> Pain/discomfort felt by baby during and following procedure <input type="checkbox"/> Infection/inflammation <input type="checkbox"/> Potential relearning of positioning and attachment by baby <input type="checkbox"/> Changes to feeding behaviour <input type="checkbox"/> Regrowth/Scar tissue/incomplete division <input type="checkbox"/> Inadvertent damage to surrounding structures within the oral cavity <input type="checkbox"/> Little or no improvement in feeding <input type="checkbox"/> Fussy baby for 24-48 hours post division 	
<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: