

**RELEASE CONSENT FORM**

**TONGUE TIE AND/OR LIP TIE**

Possible risks include:

- Bleeding
- Pain/crying- baby may have difficulty going to the breast immediately after, rarely for more than a day or two
- Reattachment (partial) and possible need to re-release (unusual)
- Lack of effectiveness

Other information to gather/share:

- Vitamin K shot at birth(Y/N)?  
if NO, I recognize increased risk of Vitamin K Deficiency Bleeding. \_\_\_\_\_ (see info sheet)
- Family history of bleeding disorders(Y/N)?
- Area under tongue/lip may be white or yellow while healing – this is normal and no cause for concern
- Daily tongue/lip exercises explained and demonstrated
- Three to four team members will be in the room to help with the release procedure

I, \_\_\_\_\_, CONSENT to and authorize the frenulum of my baby, \_\_\_\_\_, **to be released.** I have been made aware of the impact a tight frenulum may have on breastfeeding and I agree that this procedure is advisable for my child. I have been made aware that my baby will be gently restrained by one of the KRDC team members, and this is done to prevent the baby moving while the physician reduces the extraneous tissue. I have been made aware that this procedure may result in bleeding and that my baby will be put to the breast to stop this bleeding or gauze and pressure may be applied.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness' Signature