

**Caban Y Faenol**  
**Ffurflen ganiatâd y rhiant ar gyfer ymweliadau / Parental consent for visits**

Deallaf y cymerir pob gofal rhesymol o'm plentyn yn ystod yr ymweliad.

Deallaf y disgwylir i'm plentyn ufuddhau i bob cyfarwyddyd a rheol ac i gydymffurfio â disgyblaeth arferol ysgol.

Cytunaf i ad-dalu arolygwyr y daith am unrhyw gostau ddaw i'w rhan o ganlyniad i weithred o eiddo fy mhentyn e.e. colled o bres-poced ac yn ogystal am unrhyw ddifrod a achosir i eiddo'r arolygwyr gan fy mhentyn.

Nodaf isod fanylion unrhyw salwch neu anhwylder meddygol neu gorfforol mae fy mhentyn yn dioddef ohono neu wedi dioddef ohono ynghyd â'm caniatâd i roddi moddion penodol yn unol â'r cyfarwyddyd a nodaf:

A yw eich mab/merch wedi cael chwistrelliad tetanws yn ystod y pum mlynedd diwethaf?

Ydw Nac ydyw

A yw eich mab/merch yn dioddef o unrhyw anhwylderau sy'n gofyn am driniaeth feddygol gan gynnwys meddyginiaeth?

Ydw Nac ydyw

Rhoddaf ganiatâd i'm plentyn dderbyn triniaeth feddygol brys os oes angen Ydw Nac ydw

Nodaf isod unrhyw ofnyion deietegol arbennig sydd gan fy mhentyn a'r math o foddion lliniaru poen y gellir ei roi i'ch plentyn, os oes angen:

.....  
Nodaf isod os yw fy mhentyn yn amlygu alergedd i gyffuriau penodol e.e. penisilin:

.....  
Addawaf hysbysu Arweinydd y Grŵp/cyn gynted â phosibl am unrhyw newidiadau yn yr amgylchiadau meddygol rhwng y dyddiad y llofnodwyd y ffurflen hon a dechrau'r daith.

Cytunaf fod fy mhentyn yn cael meddyginiaeth yn unol â'r cyfarwyddyd ac unrhyw driniaeth ddeintyddol, meddygol neu lawfeddygol brys gan gynnwys anesthetig, fel sy'n angenrheidiol ym marn yr awdurdodau meddygol a fydd yn bresennol.

Wedi darllen y ffurflen, cytunaf â'r amodau a nodir, a rwyf yn caniatáu i'm plentyn gymryd rhan.

I understand all reasonable care will be taken of my child during the visit

I understand that my child will be expected to obey every rule and instruction and to conform to the schools' usual codes of discipline.

I agree to reimburse to the visit supervisor any costs that fall to him due to an act by my child e.g. loss of pocket money and also any damage caused to the supervisor's property by my child.

I note below details of any medical or physical ailments my child is suffering from or has suffered from together with my consent for the administering of specific drugs in accordance with the instructions which I note:

Has your son/daughter received a tetanus injection in the last five years?

Yes No

Does your son/daughter suffer from any conditions requiring medical treatment, including medication?

Yes No

I consent to my child receiving urgent medical attention if necessary Yes No

I note below any special dietary requirements and also the type of pain medication that may be given to my child, if necessary:

.....  
I note below whether my child is allergic to specific drugs e.g. penicillin:

.....  
I undertake to inform the Group Leader as soon as possible of any changes in the medical circumstances between the dates on which this form is signed and the commencement of the journey.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

After reading the form, I agree to the conditions noted and I consent to my child's participation.

Enw'r plentyn/Name of child..... DOB.....

Enw'r plentyn/Name of child..... DOB.....

Cyfeiriad/Address.....

..... Ffôn/Phone.....

Enwau a Rhifau ffôn arall mewn argyfwng/Names and other phone numbers in case of emergency

Enw/Name..... Ffôn/Phone.....

Enw/Name..... Ffôn/Phone.....

Enw, Cyfeiriad a Rhif Ffôn y Meddyg Teulu/Name, Address and Telephone Number of the Family Doctor

..... Ffôn/Phone.....

