

**Ffurflen ganiatad trip Ysgol achlysurol**  
**Consent for one-off or occasional educational visits**



School/centre: Ysgol Y Gwernant

Gweithgaredd/ Visit/activity:

Enw'r plentyn/ Your child's name \_\_\_\_\_ Dosbarth/Class \_\_\_\_\_

**Medical and dietary/ manylion meddygol**

a) A oes gan eich plentyn gyflwr corfforol neu seicolegol a allai effeithio arno/i yn ystod yr ymweliad? OES/Na  
Does your child have any physical or psychological condition that may affect him/her during the visit? YES/NO  
Rhowch fanylion/ please give details: \_\_\_\_\_

b) Rhowch fanylion am alergedd/ Please give details of any allergies: \_\_\_\_\_

c) Rhowch fanylion o ofynion deiet/ Please give details of any special dietary requirements:

\_\_\_\_\_

d) Nodwch unrhyw salwch neu ddamwain ddiweddar a gafodd eich plentyn y dylai staff fod yn ymwybodol ohonynt?  
Please detail any recent illness or accident suffered by your child that staff should be aware of?

\_\_\_\_\_

e) Rhestrwch unrhyw fath o feddyginiaeth neu eli di-bresgripsiwn **na** ellir ei roi i'ch plentyn:  
Please list any type types of non-prescription medication or lotions your child **may not** be given:

\_\_\_\_\_

f) Hyd eithaf eich gwybodaeth, a yw eich mab/merch wedi bod mewn cysylltiad ag unrhyw afiechyd heintus neu wedi dioddef o unrhyw beth yn ystod y pedair wythnos ddiwethaf a allai fod yn heintus.  
To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

Rhowch fanylion, please give details: \_\_\_\_\_

\_\_\_\_\_

h) Pryd y cafodd eich mab/merch bigiad tetanws ddiwethaf?  
When did your son/daughter last have a tetanus injection? \_\_\_\_\_

**Eich manylion cyswllt/ Your contact details**

Telephone: Ahref/ Home: \_\_\_\_\_ Gwaith/ Work: \_\_\_\_\_ Symudol/ Mobile: \_\_\_\_\_

Cyfeiriad adref/ Home address \_\_\_\_\_

**Rhif cyswllt arall mewn argyfwng/ Alternative emergency contact**

Enw/ Name: \_\_\_\_\_ Rhif ffon/ Telephone: \_\_\_\_\_

Cyfeiriad/ Address: \_\_\_\_\_

## Doctor Teulu/ Family doctor

Enw/ Name: \_\_\_\_\_ Ffon/ Telephone: \_\_\_\_\_

Cyfeiriad/ Address: \_\_\_\_\_

### Datganiad

- Wedi darllen yr wybodaeth ynglŷn â'r ymweliad, ac wedi deall yr oruchwyliaeth a ddarperir, rwy'n cytuno i fy mhlentyn gymryd rhan yn yr ymweliad a'r gweithgareddau a ddisgrifir.
- Deallaf y rhoddir pob gofal rhesymol i'm mhlentyn yn ystod yr ymweliad/gweithgaredd a bydd ef/hi o dan rwymedigaeth i ufuddhau i'r holl gyfarwyddiadau a roddir a dilyn yr holl reolau a rheoliadau sy'n llywodraethu'r ymweliad/gweithgaredd.
- Deallaf y cod ymddygiad ar gyfer yr ymweliad a'r cosbau a ellir eu defnyddio os bydd fy mhlentyn yn torri'r cod. Rwyf wedi trafod y cod ymddygiad a'r cosbau gyda'm mhlentyn.
- Deallaf, os bydd fy mhlentyn yn camymddwyn yn ddirifol neu'n achos perygl iddo/i hun neu i eraill, yna y gellir gofyn i mi ei gasglu/chasglu neu gellir ei anfon/hanfon gartref yn gynnar o'r ymweliad/gweithgaredd. Mewn sefyllfa o'r fath ni fydd unrhyw rwymedigaeth ar yr ysgol/y ganolfan i ad-dalu unrhyw arian.
- Mewn argyfwng, cytunaf i'm mab/merch gael meddyginiaeth ac unrhyw driniaeth ddeintyddol, feddygol neu lawfeddygol frys, yn cynnwys anesthetig neu drallwysiad gwaed, fel yr ystyrir yn angenrheidiol gan yr awdurdodau meddygol a fydd yn bresennol.
- Deallaf raddau a chyfyngiadau'r yswiriant a ddarperir.

**ENW LLAWN Y RHIANT NEU OFALWR** (printiwch): \_\_\_\_\_

**Arwyddwyd:** \_\_\_\_\_ **Dyddiad:** \_\_\_\_\_

### Declaration

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/centre to refund any money.
- In an emergency I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand the extent and limitations of the insurance cover provided.

**FULL NAME OF PARENT OR CARER** (print please): \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_