

Tystysgrif Iechyd

RHIANT/NEU PERSON Â CHYFRIFOLDEB RHIANT YN UNIG DDYLAI LENWI'R FFURFLEN
RHAID DOD Â'R FFURFLEN HON I'R GWERSYLL, NI DDYLID EI HANFON YMLAEN LLAW



Llangrannog

Enw llawn Dyddiad geni Oed

Cyfeiriad

Côd post Ffôn Ysgol

Enw eich meddyg

Cyfeiriad

Ffôn

Dyddiad pigiad anti-tetanus diwethaf

Ydy'r gwersyllwr yn dioddef oddi wrth unrhyw afiechyd/alergedd sy'n galw am sylw arbennig e.e. asthma, migraine, epilepsi, diabetes, alergedd i benisilin, bwydydd arbennig, anifeiliaid, plaster ag ati, neu oes unrhyw wybodaeth ychwanegol y dylai'r Cyfarwyddwr fod yn ymwybodol ohono e.e. problemau ymddygiad? YDY / NAC YDY

Os YDY rhowch fanylion manwl a thriniaeth (defnyddiwch dudalen arall os oes angen)

Nodwch unrhyw salwch/triniaeth diweddar. h.y. o fewn y flwyddyn ddiwethaf

Fe ddigwydd weithiau fod angen triniaeth lawfeddygol ar wersyllwr yn ystod ei arhosiad yn y Gwersyll. Beth bynnag fo'r achos, fe fydd y Cyfarwyddwr yn ceisio cysylltu â'r rhieni, fel y medrant roi eu caniatâd i'r driniaeth. Weithiau, mae'r rhieni hefyd i ffwrdd ac mae'n anodd neu'n amhosibl cael gafael arnynt. Pan ddigwydd hynny neu bod unrhyw reswm arall pam na fedrir cysylltu â'r rhieni o fewn amser rhesymol gofynnir am ganiatâd i'r Cyfarwyddwr weithredu yn absenoldeb y rhieni, a rhoi eu caniatâd i'r driniaeth angenrheidiol os byddai unrhyw oedi pellach ym marn y meddyg neu'r llawfeddyg yn debygol o beryglu iechyd a diogelwch y plentyn. Mae'n ddealliedig, wrth gwrs, na fydd y Cyfarwyddwr yn gweithredu ond mewn achos o raid. Os cytunwch a wnewch chi arwyddo'r caniatâd isod. Byddwn yn darparu meddyginiaethau syml e.e. moddion at ben tost, glanhau cwt a'i orchuddio a.y.y.b. oni bai y nodir yn wahanol ar y Dystysgrif Iechyd.

Pe digwyddai fod angen triniaeth lawfeddygol ar fy mab/merch tra yn y Gwersyll, ac nad oes modd cysylltu â'r rhieni o fewn amser rhesymol, rhoddir caniatâd i'r Cyfarwyddwr awdurdodi y driniaeth angenrheidiol.

Ar ôl darllen y daflen wybodaeth amgaeedig, 'rydw i'n hapus i'm mab/merch fynychu'r Gwersyll:

Arwyddwyd (rhiant neu'r person â chyfrifoldeb rhiant)

Perthynas i'r plentyn

Rhif ffôn (Cartref) Rhif ffôn (Symudol) Rhif ffôn (Gwaith)

Enw, cyfeiriad a rhif ffôn arall i gysylltu ag ef mewn argyfwng (e.e. os ydych yn bwriadu mynd i ffwrdd tra bod eich mab/merch yn Llangrannog) a'r perthynas (e.e. mam-gu, tad-cu, modryb, ffrind i'r teulu etc.).

Ffôn

Bydd y Gwersyll yn defnyddio'ch gwybodaeth at ddibenion gweinyddu a dadansoddi. Mae'n bosibl y byddwn yn anfon manylion cyrsiau eraill a all fod o ddiddordeb atoch. Gellir darparu'r wybodaeth drwy lythyr neu dull cyfathrebu rhesymol eraill. Os nad ydych am dderbyn y wybodaeth hyn, ticiwch y blwch hwn

Gall lluniau a chlipiau fideo o'r gweithgareddau gael eu tynnu. Gall y lluniau yma gael eu defnyddio er diben hyrwyddo, ar ein tudalennau gwe, gwefannau cymdeithasol neu sianeli hyrwyddo eraill. Os nad ydych am i ni ddefnyddio lluniau o'ch plentyn ar gyfer y pwrpasau hyn ticiwch y blwch hwn

Health Certificate



Llangrannog

THIS FORM SHOULD BE COMPLETED BY A PARENT/PERSON WITH PARENTAL RESPONSIBILITY
THIS CERTIFICATE MUST BE BROUGHT TO THE CENTRE, IT SHOULD NOT BE SENT IN ADVANCE

Full name Date of Birth Age

Address

Postcode Telephone no. School

Name of Family Doctor

Address

..... Telephone no.

Date of last anti-tetanus injection

Does your son/daughter suffer from any illness/allergy that calls for special attention or diet e.g. asthma, migraine, epilepsy, diabetes, allergy to penicillin, food additives, animals, plasters etc., or is there any other information which the Centre Director should know e.g. allergies / behavioural problems? YES / NO

If YES, please give precise details and treatment (please continue on separate sheet if necessary)

Please note any recent illness/treatment. i.e. within the last 12 months

It sometimes happens that surgical treatment becomes necessary during the time spent at the Centre. If such treatment becomes necessary, the Director will make every effort to contact the parents so that they can give their consent to whatever treatment may be needed. Occasionally, however, the parents are away and the treatment may be urgent. If this should happen, or if there is no time to contact the parents within reasonable time for one reason or another, parents are asked to authorise the Director to act in their absence and to give consent to whatever treatment may be necessary, if in the opinion of the doctor or surgeon concerned any further delay is likely to endanger the child's health and safety. Even then, it is understood that he will only act in a case of emergency. If you agree to this you are asked to sign the following authorisation. Simple everyday medicines e.g. medicine (Calpol) for headache, cleaning of cuts and dressings will be administered unless noted differently on the Health Certificate.

Should any surgical treatment be necessary in the case of my son/daughter while at the Centre, and should contact with parents not be possible within reasonable time, the Director is hereby authorised to give permission for the necessary treatment.

Having read the enclosed information sheet I am happy for my son/daughter to visit the Urdd Centre at Llangrannog.

Signature of Parent or person with parental responsibility

Relationship to child

Tel. no. (Home) Tel. no. (Mobile) Tel. no. (Work)

Alternative name, address and telephone number to be contacted in an emergency (e.g. if you intend going away while your son/daughter is at Llangrannog) and the relationship (e.g. grandparents, aunt, friend of the family etc.).

..... Telephone no.

The Centre will use your information for administration and analysis. We may send you details of other courses which may be of interest to you. The information may be provided by letter or other reasonable means of communication. If you do not want to receive these details, please tick this box

Photographs and video clips of the activities may be taken. These images may be used for promotional purposes, on our website, social media or other promotional channels. Please tick this box if you do not wish for photographs of your child to be taken