

Gwybodaeth Salwch ac Argyfwng / Emergency Illness Information

Dychwelwch i'r ysgol cyn gynted â phosib/Please return to school as soon as possible

Data Personol / Personal Data

Enw'r disgybl / Pupil's Name _____ Dyddiad geni / Date of Birth _____

Cyfeiriad Cartref / Home Address _____ Cod Post Code _____

Rhif Ffôn Adref / Home telephone number _____ Dosbarth/ Class _____

E-bost Rhieni / Parents email (parentmail) _____

Gwybodaeth Gyswilt / Contact Information

	ENW / NAME	PERTHYNAS / RELATION	RHIF FFÔN/PHONE NUMBER
1			ADREF / HOME: GWAITH / WORK: SYMUDOL / MOBILE:
2			ADREF / HOME: GWAITH / WORK: SYMUDOL / MOBILE:
3			ADREF / HOME: GWAITH / WORK: SYMUDOL / MOBILE:

Gwybodaeth Meddyg / Medical Information

Enw Meddyg/ Dr's Name _____ Rhif Ffôn / Telephone _____

Cyfeiriad / Address _____

GWYBODAETH IECHYD / HEALTH INFORMATION

Oes gan eich plentyn unrhyw amodau iechyd penodol?

OES / YES

NAC OES / NO

Does your child have any specific medical needs?

Os oes nodwch yn y blwch isod / If yes please note below:

Nodwch unrhyw alergedd, neu anghenion bwyd / Please note any allergies and food requirements.

laith y cartref / Language at home: _____ Ethnigrwydd / Ethnicity: _____

Sgiliau rhieni / Parent skills set (Nodwch unrhyw beth y byddech yn gyfforddus i roi cymorth i'r ysgol gyda / Please note anything you would be willing to aid the school with) _____

Os fydd angen triniaeth frys ac nid oes modd cysylltu â'r rhieni / gwarchodwyr, wrth lofnodi isod, rydych yn rhoi caniatâd i'r ysgol ymarfer ei barn ei hun i alw'r meddyg a nodwyd ar y daflen hon neu i fynd a'r plentyn yn syth i adran brys yr ysbyty lleol.

If emergency treatment is required and the parents cannot be reached immediately, your signature in the space below empowers the school to exercise their own judgement in calling the doctor indicated above or to Transport the child to the hospital casualty department.

LLOFNOD RHIANT NEU WARCHODWR / PARENT OR GUARDIAN SIGNATURE: _____ DYDDIAD / DATE: _____