**Ffurflen 2 / Form 2**

# Cytundeb rhiant i leoliad addysg weinyddu meddyginiaeth

# Parental agreement for education setting to administer medicine

**Mae Ysgol Llanrhaeadr angen eich caniatad i roi meddyginiaeth i'ch plentyn. Gofynwn yn garedig i chi lenwi'r ffurflen isod er mwyn i ni fedru gwneud hyn.**

**Llanrhaeadr School needs your permission to give your child medicine. Please complete and sign this form to allow this.**

|  |  |
| --- | --- |
| Enw’r Ysgol / Name of school  |   |
| Enw’r plentyn / Name of child  |   |
| Dyddiad Geni / Date of birth  |   |
| Dosbarth / Class  |   |
| Anghenion Iechyd / Healthcare need  |   |

**Meddyginiaeth / Medicine**

|  |  |  |
| --- | --- | --- |
| Enw neu math o feddyginiaeth(fel y disgrifir ar y cynhwysydd)Name or type of medicine (as described on the container)  |   |  |
| Dyddiad dosbarthwyd / Date dispensed  |  |  | Dyddiad dod i ben / Expiry date  |  |

|  |  |
| --- | --- |
| Dos a dull / Dosage and method  |   |
| Amser / Timing  |   |
| Gofal arbennig /Special precautions  |   |
| Unrhyw sgil-effeithiau dylai'r ysgol wybod amdanynt?Are there any side effects that the school needs to know about?  |   |
| Gweini eu hunain (dileu fel bo'n briodol)Self-administration (delete as appropriate)  | **Ydi / Nag ydi****Yes / No**  |
| Camau i'w cymryd mewn argyfwngProcedures to take in an emergency  |     |

 **Manylion cyswllt / Contact details**

|  |  |
| --- | --- |
| Enw rhiant neu gwarcheidwad / Name of parent or guardian |   |
| Rhif ffôn / Phone number |   |
| Perthynas â'r plentyn / Relationship to the child  |   |
| CyfeiriadAddress    |   |

[ ] Rwy'n deall bod angen i mi roi'r meddyginiaeth i aelod o staff yn bersonol.

[ ] I understand that I must deliver the medicine personally to a member of staff.

[ ] Rwy'n deall bod angen i mi hysbysu'r lleoliad yn ysgrifenedig am unrhyw newidiadau.

[ ] I understand that I must notify the setting of any changes in writing.

|  |  |  |  |
| --- | --- | --- | --- |
| Llofnod / Signature  |   | Dyddiad / Date: |  |