



Annwyl Riant/Warcheidwad,

**Digwyddiad Croeso Seren yng Nghanolfan Optic Llanelwy**

Rydym wedi cael cyfle cyffrous i'n carfan Seren Blwyddyn 9 fynychu cyfarfod croeso a gweithdy ddydd Iau, Hydref 19<sup>eg</sup> i wella eu sgiliau astudio a chyflwyno'r hyn fydd yn digwydd yn Rhaglen Seren dros y blynyddoedd i ddod.

Bydd myfyrwyr yn cael cyfle i gymryd rhan mewn gweithdai a sgysiau yn y prynhawn ac yn dychwelyd mewn pryd ar gyfer y bysiau ysgol.

Byddwn yn teithio ar fws a bydd gofyn i fyfyrwyr ddod â'u cinio eu hunain ar gyfer y diwrnod. Ni fydd cost am y daith.

Cwblhewch a dychwelwch y ffurflen isod, gan nodi unrhyw alergeddau neu gyflyrau meddygol y dylai staff fod yn ymwybodol ohonynt.

Yn gywir iawn,

Mr Jolliffe

Cydllynydd Seren  
Ysgol Aberconwy

Dear Parent/Guardian,

**Seren Welcome Event at Optic Centre, St Asaph**

We have been afforded an exciting opportunity for our Year 9 Seren cohort to attend a welcome meeting and workshop on Thursday 19<sup>th</sup> October to improve their study skills and introduce what happens in the Seren Programme over the coming years.

Students will have the opportunity to take part in workshops and talks in the afternoon and will return in time for the school buses.

We will be travelling by coach and students will be required to bring their own lunches for the day. There is no cost for the trip.

Please fill out and return the form below, noting any allergies or medical conditions staff should be aware of.

Yours Sincerely,

Mr. Jolliffe

Seren Coordinator  
Ysgol Aberconwy

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## Caniatâd Rhiant a Gofalwr / Parent and Carer Consent Ymweliadau Anarferol / Non-routine Visits

Ysgol/School: Ysgol Aberconwy

Ymweliad neu Weithgaredd / Visit or activity: Year 9 Seren Welcome

Lleoliad/Venue: Optic, St Asaph

Dyddiad(au)/Date(s): 19/10/2023

Enw Eich Plentyn/Your child's name: \_\_\_\_\_

Dosbarth/Form: \_\_\_\_\_

### Meddygol a Dietegol / Medical and Dietary

A oes gan eich plentyn unrhyw gyflwr corfforol neu seicolegol a allai effeithio arno/arni yn ystod yr ymweliad?  
Does your child have any physical or psychological condition that may affect him/her during the visit?

OES/YES

NAC OES/NO

Os OES, rhowch fanylion / If YES, please give details:

\_\_\_\_\_

Rhowch fanylion unrhyw alergeddau / Please give details of any allergies:

\_\_\_\_\_

Rhowch fanylion unrhyw ofynion dietegol arbennig sydd gan eich plentyn/Please give details of any special dietary requirements of your child:

\_\_\_\_\_

Rhowch fanylion unrhyw salwch neu ddamwain a ddiodefodd eich plentyn yn ddiweddar y dylai staff fod yn ymwybodol ohono / Please detail any recent illness or accident suffered by your child that staff should be aware of:

\_\_\_\_\_

Rhestrwch unrhyw fath o feddyginiaeth heb bresgripsiwn neu eli **na ddylid** eu rhoi i'ch plentyn:

Please list any type types of non-prescription medication or lotions your child **may not** be given:

\_\_\_\_\_

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Hyd y gwyddoch, a yw eich mab/merch wedi bod mewn cysylltiad ag unrhyw glefydau heintus neu wedi dioddef o unrhyw beth yn ystod y pedair wythnos diwethaf 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?

YDY/YES

NAC YDY/NO

Os YDY, rhowch fanylion / If YES, please give details:

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

**Eich Manylion Cyswllt/Your Contact Details**

Ffôn/Telephone:

Cartref/Home: \_\_\_\_\_ Gwaith/Work: \_\_\_\_\_ Symudol/Mobile: \_\_\_\_\_

Cyfeiriad Cartref/Home Address:

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**Cyswllt Brys Arall / Alternative Emergency Contact**

Enw/Name: \_\_\_\_\_

Ffôn/ Telephone: \_\_\_\_\_

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

**Meddyg Teulu/Family Doctor**

Enw/Name: \_\_\_\_\_ Ffôn/Telephone: \_\_\_\_\_

Cyfeiriad/Address:

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### Datganiad

- Ar ôl darllen y wybodaeth am yr ymweliad, a deall lefel yr oruchwyliaeth sydd i'w darparu, rwy'n cytuno i'm plentyn gymryd rhan yn yr ymweliad a'r gweithgareddau a ddisgrifir.
- Rwy'n deall y cymerir pob gofal rhesymol o'm plentyn yn ystod yr ymweliad/gweithgaredd ac y bydd ef/hi o dan rwymedigaeth i ufuddhau i'r holl gyfarwyddiadau a roddir a dilyn yr holl reolau a rheoliadau sy'n gysylltiedig â'r ymweliad/gweithgaredd.
- Rwy'n deall y cod ymddygiad ar gyfer yr ymweliad a'r cosbau y gellir eu defnyddio os bydd fy mhlentyn yn torri'r cod ymddygiad hwn. Rwyf wedi trafod y cod ymddygiad a'r sancsiynau gyda fy mhlentyn.
- Rwy'n deall, os yw fy mhlentyn yn camymddwyn yn ddifrifol neu'n achosi perygl iddo/i hun neu i eraill, y gellir gofyn i mi ddod i'w nôl ef/hi neu gellir dod ag ef/hi adref yn gynnar o'r ymweliad/gweithgaredd. Mewn sefyllfa o'r fath ni fydd unrhyw rwymedigaeth ar yr ysgol/canolfan i ad-dalu unrhyw arian.
- Mewn argyfwng rwy'n cytuno i'm mab/merch dderbyn meddyginiaeth ac unrhyw driniaeth ddeintyddol, feddygol neu lawfeddygol frys, gan gynnwys anesthetig neu drallwysiad gwaed, fel yr ystyrir yn angenrheidiol gan yr awdurdodau meddygol sy'n bresennol.
- Rwy'n deall cwmpas a chyfyngiadau'r yswiriant a ddarperir.

### 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.

**ENW LLAWN Y RHIANT NEU OFALWR** (printiwch os gwelwch yn dda):

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

LLOFNOD/SIGNED: \_\_\_\_\_

DYDDIAD/DATE: \_\_\_\_\_