**Ysgol Goedwig**

**Ffurflen Meddygol**

**Enw’s Plentyn ………………………………………………………………………………..**

**Cyfeiriad ………………………………………………………………………………………..**

**………………………………………………………………………………………………………**

**Hanes Meddygol e.e clefyd gwair, asthma**

**……………………………………………………………………………………………………..**

**…………………………………………………………………………………………………….**

**…………………………………………………………………………………………………….**

**Unrhyw alegredd neu gofynion deiet**

**……………………………………………………………………………………………………..**

**…………………………………………………………………………………………………….**

**…………………………………………………………………………………………………….**

**Manylion cyswllt mewn argyfwng:**

1. **Enw ……………………………………………………………………………………**

**Rhif Ffôn …………………………………………………………………………….**

1. **Enw ……………………………………………………………………………………**

**Rhif Ffôn …………………………………………………………………………….**

**Manylion Doctor, Enw a Cyfeiriad**

**……………………………………………………………………………………………………**

**……………………………………………………………………………………………………**

**Ysgol Goedwig**

**Medical Form**

**Name of Child ………………………………………………………………………………..**

**Address ………………………………………………………………………………………….**

**……………………………………………………………………………………………………….**

**Medical History e.g hay fever, asthma**

**……………………………………………………………………………………………………..**

**…………………………………………………………………………………………………….**

**…………………………………………………………………………………………………….**

**Any allergies or dietary requirements**

**……………………………………………………………………………………………………..**

**……………………………………………………………………………………………………..**

**………………………………………………………………………………………………………**

**Emergency Contact Details:**

1. **Name: ……………………………………………………………………………………**

**Phone Number: ……………………………………………………………………….**

1. **Name: …………………………………………………………………………………….**

**Phone Number: ……………………………………………………………………….**

**Doctor’s Details, Name and Address**

**……………………………………………………………………………………………………**

**……………………………………………………………………………………………………**