

# Ffurflen Ganiatâd ar gyfer Imiwneiddio - HPV

Fe fydd sesiynau imiwneiddio yn cymryd lle yn ysgol eich plentyn a bydd eich plentyn yn cael cynnig cwrs o'r brechlyn HPV.

Enw llawn y plentyn (Enw cyntaf a **CHYFENW**):

Dyddiad Geni:

Ysgol:

Cyfeiriad cartref:

Rhif ffôn cyswllt yn ystod y dydd:

Dosbarth:

Enw a chyfeiriad y meddyg teulu: Gp Code Not Known

Rhif y GIG:

Rhif Cyfres:

Yn ôl ein cofnodion mae eich plentyn wedi cael y brechiadau canlynol:

Dywedwch wrthym am unrhyw wybodaeth sydd wedi newid neu sydd ar goll:

Rhestrwch unrhyw frechiadau a roddwyd yn ystod y tri mis diwethaf, adweithiau i frechiadau blaenorol, alergeddau y gwyddoch amdanynt, meddyginiaethau rheolaidd neu broblemau iechyd difrifol:

*Rhaid i'r ffurflen ganiatâd hon gael ei llenwi gan riant/gwarcheidwad a chanddo gyfrifoldeb rhiant. Rhaid i rieni/gwarcheidwaid weithredu er budd gorau'r plentyn wrth ystyried rhoi caniatâd. Mae'n gyfreithlon i blant sy'n 16 oed neu drosodd, a phlant iau sy'n deall y materion dan sylw yn llawn, benderfynu drostynt eu hunain p'un a ydynt am roi caniatâd.*

*Caiff y brechiadau a gaiff eich plentyn eu cofnodi a'u rhannu gyda staff y GIG at ddibenion cadw cofnodion.*

*Dylid llenwi a dychwelyd y ffurflen ganiatâd hon i'r ysgol cyn y sesiwn imiwneiddio.*

| <b>YDW</b> | rwy'n cytuno i'r plentyn a enwir uchod gael y brechiadau a gynigir | <b>NAC YDW</b> | nid wyf yn cytuno i'r plentyn a enwir uchod gael y brechiadau a gynigir<br><i>Rhowch resymau yn y blwch sylwadau isod</i> |
|------------|--|----------------|---|
| Enw        |  | Enw            |   |
| Llofnod    |  | Llofnod        |   |
| Perthynas  |  | Perthynas      |   |
| Dyddiad    |  | Dyddiad        |   |

**Sylwadau** (rhieni a'r gwasanaeth iechyd):

*Gallwch ddarllen rhagor am imiwneiddio yn y daflen a ddaeth gyda'r ffurflen hon neu ewch i [www.wales.nhs.uk/immunisation](http://www.wales.nhs.uk/immunisation).*

*Os oes gennych unrhyw gwestiynau, neu os hoffech drafod y brechiadau sy'n cael eu cynnig, cysylltwch â nyrs yr ysgol.*

**Diolch am lenwi'r ffurflen hon. Mae'r adran isod at ddefnydd y gwasanaeth iechyd yn unig**

| Dyddiad/ amser | Brechlyn ac enw'r cynnyrch | Safle'r pigiad | Rhif y batsh | Dyddiad dod i ben | Enw'r person sy'n imiwneiddio (mewn llythrennau bras) | Llofnod y person sy'n imiwneiddio |
|----------------|----------------------------|----------------|--------------|-------------------|---|-----------------------------------|
|                |                            |                |              |                   |   |                                   |
|                |                            |                |              |                   |   |                                   |

# HPV - Immunisation Consent Form

Immunisation sessions are due to take place in your child's school and your child will be offered a course of HPV vaccine.

|   |                            |            |
|---|----------------------------|------------|
| Child's full name (First name and SURNAME): | Date of Birth:             | School:    |
| Home address:                               | Daytime contact number(s): | Class:     |
| GP name and address:                        | NHS No:                    | Serial No: |

According to our records your child has received the following immunisations:

Please tell us about any changed or missing information:

Please list any immunisations given in the last three months, previous reactions to immunisations, known allergies, regular medications or serious health problems:

*This consent form must be completed by a parent/guardian with parental responsibility. Parents/guardians must act in their child's best interest in considering consent. Children age 16 years and older, and younger children who fully understand the issues, are legally able to make their own decision about consent.*

*Any immunisation your child receives will be recorded and shared within the NHS for the purpose of normal record-keeping.*

*This consent form should be completed and returned to school before the immunisation session.*

|              |   |           |   |
|--------------|---|-----------|---|
| <b>YES</b>   | I agree to the child above receiving the immunisation/s offered | <b>NO</b> | I do not agree to the child above receiving the immunisation/s offered<br><i>Please give reason(s) in the comments box below.</i> |
| Name         | Name  | Signature | Signature   |
| Relationship | Relationship  | Date      | Date  |

Comments (parents and health service):

*You can read more about immunisation in the leaflet that came with this form or go to [www.wales.nhs.uk/immunisation](http://www.wales.nhs.uk/immunisation) If you have any questions, or wish to discuss the immunisations being offered, please contact your school nurse.*

**Thank you for completing this form. The section below is for health service use only**

| Date/time | Vaccine and product name | Site of injection | Batch number | Expiry | Name of immuniser (please print) | Signature of immuniser |
|-----------|--------------------------|-------------------|--------------|--------|----------------------------------|------------------------|
|           |                          |                   |              |        |                                  |                        |
|           |                          |                   |              |        |                                  |                        |