**MEDICAL /ADDITIONAL NEEDS NOTIFICATION**

**2 for Concert Day – handed to a Concert Manager**

**Concert Number \_\_\_\_\_\_\_** **Row Number \_\_\_\_\_\_\_**

 **(Separate sheet for each row)**

**School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Choir /Support Teacher Names and mobile number**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This 1 form replaces 2 older versions.**

This important information about students with a medical and/or additional needs enable us to quickly identify their position on stage during the rehearsal and the performance.

Copies are kept on both sides of the stage for First Aid personnel to have easy access to information.

Please complete even if there are no students with any needs/issues.

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| --- | --- | --- | --- | --- |
| Name of Student | **Sop/****Alto & number** | T shirt colour(Only for Concert Day) |  Nature of condition | **Action to be taken** |
| E.G. Mick Brown | Sop 15 | Green | Asthma | Puffer/Self-managed |
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**2 for Concert Day to be handed to one of the Concert Managers**