Choir Member Medical /Special Needs Notification

Concert Number _____ **Row Number** _____

School Name(s) _____

_____

Choir Trainer Name(s)

_____

_____

Prior to the Festival Theatre rehearsal, complete this form, photocopy and hand **both** copies of this sheet to your Deputy Concert Manager **at the beginning of the 'Cooks Tour'** at the theatre.

This important information about students with a medical or special needs enables us to quickly identify their position on stage during the rehearsal and the performance. One copy of this sheet is given to the First Aid people and the other kept by the Concert Manager. Amalgamated rows should amalgamate their sheets.

Name of Student	**seating position.** e.g. (Sop 9) (Alt 20)	**Nature of condition**	**Action to be taken**