THERAPEUTIC RECREATION PROGRAM

Salina Parks & Recreation
300 W. Ash St. Room #100
Salina, KS 67401
www.salina-ks.gov

Phone: (785) 309-5765
Fax: (785) 309-5769
T.R. Cell: (785) 819-2321
linnette.burger@salina.org

MEDICAL PROFILE FOR: _____ DATE: _____
Participant's Name

FIRST CONTACT: _____
Who do we contact if we have questions?

PHONE #: _____

SECOND CONTACT: _____
Who do we contact if we can't reach first contact?

PHONE #: _____

***Please include any over the counter medicine as well (Tylenol, Zyrtec etc.)**

MEDICATION Please list all including Prescription & OTC	**DOSAGE**	**DOSAGE TIME(S)**	**DIAGNOSIS**	**COMMENTS**
Tylenol 325 mg 1-2 tablets	3 x daily or as needed	7:00 am 2:00 pm 10:00 pm	arthritis	Take with food

SAMPLE →

ANY KNOWN ALLERGIES? _____