



**BUDS (Bowel, Urination, Diet & Sleep) RECORD SHEET for (Name) \_\_\_\_\_**

Fill this form out each day CAREFULLY – It is a key element in providing the safest possible lesson for your child. (THERE ARE ADDITIONAL IMPORTANT DIRECTIONS ON THE BACK OF THIS BUDS SHEET)

Please use the following symbols to complete the BUDS SHEET for each day indicated. See Example >>>>

- B** Above the sleep-time line to indicate a **bowel movement**, circle the B if something was unusual about it.
- U** Above the sleep-time line to indicate **urination**, circle the U if something was unusual about it.
- DRAW A LINE through the **sleep-time** line to indicate any periods your child was asleep.
- b** Under the sleep-time line to indicate when he or she ate **breakfast**
- l** Under the sleep-time line to indicate when he or she ate **lunch, s** to indicate any **snack**
- d** Under the sleep-time line to indicate when he or she ate **dinner**

B U
<del>30</del> 6 30 7 30 8 30 9 30
b
<u>Cereal / Banana / white grape J</u>

**IN THE 3 LINES BELOW THE SLEEP-TIME LINE INDICATE ALL FOODS AND BEVERAGES CONSUMED**

Sunday Date \_\_\_\_\_ Instructor initial here \_\_\_\_\_

12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30

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Monday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30

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Monday: Float Rollback Wall work Swim Flipovers Swim /Float/ Swim Sequence Clothes 1 2 3 4 5

Tuesday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30

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Tuesday: Float Rollback Wall work Swim Flipovers Swim /Float/ Swim Sequence Clothes 1 2 3 4 5

Wednesday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30

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Wednesday: Float Rollback Wall work Swim Flipovers Swim /Float/ Swim Sequence Clothes 1 2 3 4 5

Thursday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30

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Thursday: Float Rollback Wall work Swim Flipovers Swim /Float/ Swim Sequence Clothes 1 2 3 4 5

Friday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30

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Friday: Float Rollback Wall work Swim Flipovers Swim /Float/ Swim Sequence Clothes 1 2 3 4 5

Please record any additional notes about the weekend here ... \_\_\_\_\_

Special BUDS Notations – Please review these with the instructor

- DR** Above the sleep line for a **medical appointment**
- \*** Above the sleep-time line to indicate the time when any **injury** was sustained
- M** Above the sleep-time line to indicate any **medication** that was given. Identify it within the 3 diet lines using parentheses.
- F** Above the sleep-time line to indicate when a **fever** was noticed and a circled F when the fever was gone.
- V** Above the sleep-time line to record when a **vomiting** episode occurred, circle the V for a spit-up episode
- R** Above the sleep-time line to indicate when a **skin rash** was noticed.
- <>** Above the line to show when the child was **not with you** directly (day care, mom’s day out, baby sitter etc.)
- ^ ^** Above the time line for any period the child was **in the water** other than in ISR lessons

For the “At lessons today” items, circle what is being learned and underline what was practiced.

**Sunday** Date \_\_\_\_\_ **Instructor initial here** \_\_\_\_\_

**12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30**

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**Monday** Date \_\_\_\_\_ **POOL TEMPERATURE** \_\_\_\_\_ **F** **The lesson was** \_\_\_\_\_ **minutes today** **Instructor initial here** \_\_\_\_\_

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**12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30**

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Friday: Float Rollback Wall work Swim Flipovers Swim /Float/ Swim Sequence Clothes 1 2 3 4 5

Please record any additional notes about the weekend here ... \_\_\_\_\_

I will take or have taken my child’s temperature within the hour of his or her lesson and accurately recorded it on this form (if so directed) as well as assessing the activity level and recording (if so directed). I accept the responsibility to inform the Instructor of any medications my child may be taking. I realize I should check with my child’s pharmacist and physician concerning the activity of learning aquatic survival skills and swimming and contraindications for such medications.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Poolside BUDS INTERVIEW RECORD FOR:** \_\_\_\_\_ INFANT SWIMMING RESOURCE, LLC © 2012

The answers below attest to my child's health and well being since his/her last lesson for the week of \_\_\_\_\_/2012

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Date (Instructor initial days child did not attend)						
1. Activity level normal	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
2. Bowel movements normal	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
3. Urine output normal	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
4. Medications, fever, seizures	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
5. Skin rashes, vomiting, injuries	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
6. Change in appetite/diet, any new foods	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
7. Sleep immediately after last lesson	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
8. Change in sleep patterns	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
9. Anything to eat or drink in the last two hours	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
10. Has your child been to see a doctor ?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
If required, child's temp. 1 hour before the lesson and parents initials	___/___	___/___	___/___	___/___	___/___	Inform Instructor of any problems

Please explain "NO" answers to #1 thru #3 and "YES" answers to #4 thru #9: (use the back of this sheet if necessary)

Monday water temperature Please indicate any weekend information here...	lesson length
Tuesday water temperature	lesson length
Wednesday water temperature	lesson length
Thursday water temperature	lesson length
Friday water temperature	lesson length

I accept the responsibility to inform the Instructor of any medications this child is taking and of any change in his or her bowel, urine, activity and sleep habits.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_