

2008 FULL BUDS SHEET (Bowel Urination, Diet & Sleep)

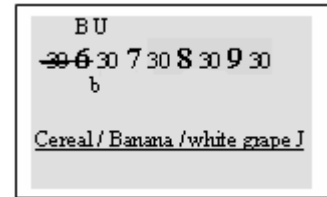
For (Name) _____

Fill this form out each day CAREFULLY – It is a key element in providing the safest possible lesson for your child.

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**



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

Monday 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

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

Tuesday 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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Wednesday 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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Thursday 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

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

Friday 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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Please record any additional notes about the weekend here ... _____

Other BUDS Notations – Please review these with your ISR 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 the lesson on” items, circle what is being learned and underline what was practiced.

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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 _____