

**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)

B U 30-6 30 7 30 8 30 9 30 b Cereal / Banana / white grape J
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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

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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.

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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 \_\_\_\_\_