

Poolside BUDS INTERVIEW RECORD FOR: _____ INFANT SWIMMING RESOURCE, LLC © 2014
 The answers below attest to my child's health and well being since his/her last lesson for the week of _____/20____

| Date (Instructor initial days child did not attend) | Monday | Tuesday | Wednesday | Thursday | Friday | Weekend |
|--|---------|---------|-----------|----------|---------|-----------------------------------|
| 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 #10: (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 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. | lesson length |

Signature of parent or guardian: _____ Date: _____

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