

**2010 INFANT SWIMMING RESOURCE poolside BUDS INTERVIEW RECORD FOR:** \_\_\_\_\_

The answers below attest to my child's health and well being since his/her last lesson for the week of \_\_\_\_\_/2010

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Weekend</b>
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
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: \_\_\_\_\_