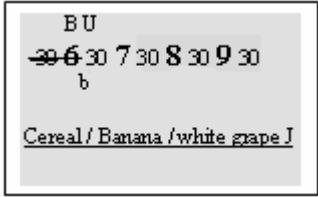


2008 FULL BUDS SHEET (Bowel Urination, Diet & Sleep)
 for (Name) _____

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

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

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

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

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

at the lesson on 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 ... _____