

Swim Kids Information Record

Swimmer's Name: _____

During lessons today, your child worked on:

Breath-holding - Holding on to wall - Swimming/Kicking - Swimming/Arms - Flip-over - Flip-over/Swim - Floating/Flip-over/Swim - Floating - Rollback - Rollback Float - Rollback/Float/Flip-over - Swim/Float/Swim Sequence - Clothes

Today your child obtained the level of: Goldfish Dolphin Shark Seal Starfish

What clothes to pack next lesson (pack clothes that can get wet):

- Shorts/Shirt/Regular Diaper/Water Shoes
- Pants/Shirt/Regular Diaper/Shoes
- Winter clothes/Heavy Coat or Jacket/Diaper/Shoes

Since your child's last lesson, this child's:

Activity level was normal?	Yes or No	Appetite/diet was normal?	Yes or No
Have sleep patterns changed?	Yes or No	Urine output was normal?	Yes or No
Any medications since lessons?	Yes or No	Any fever?	Yes or No
Any injuries, vomiting, or skin rashes?	Yes or No	Any new foods given?	Yes or No
Did your child sleep immediately after the last lesson?	Yes or No		
Has your child had anything to eat or drink in the last two hours?	Yes or No		

I accept the responsibility to inform the Instructor of any medications this child is taking and of any change in his/her bowel, urine, eating, and sleep routines. If you have any questions regarding lessons, please make a note on the back of this sheet or call me.

Parent's initials: _____/Caregiver's initials: _____ Date: _____

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Swimmer's Name: _____

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Breath-holding - Holding on to wall - Swimming/Kicking - Swimming/Arms - Flip-over - Flip-over/Swim - Floating/Flip-over/Swim - Floating - Rollback - Rollback Float - Rollback/Float/Flip-over - Swim/Float/Swim Sequence - Clothes

Today your child obtained the level of: Goldfish Dolphin Shark Seal Starfish

What clothes to pack next lesson (clothes will get wet):

- Shorts/Shirt/Regular Diaper/Water Shoes
- Pants/Shirt/Regular Diaper/Shoes
- Winter clothes/Heavy Coat or Jacket/Diaper/Shoes

Since your child's last lesson, this child's:

Activity level was normal?	Yes or No	Appetite/diet was normal?	Yes or No
Have sleep patterns changed?	Yes or No - If yes, How? _____	Urine output was normal?	Yes or No
Any medications since lessons?	Yes or No	Any fever?	Yes or No
Any injuries, vomiting, or skin rashes?	Yes or No	Any new foods given?	Yes or No
Did your child sleep immediately after the last lesson?	Yes or No		
Has your child had anything to eat or drink in the last two hours?	Yes or No		

I accept the responsibility to inform the Instructor of any medications this child is taking and of any change in his/her sleep, activity, bowel, urine, eating, and sleep routines. If you have any questions regarding lessons, please make a note on the back of this sheet or call me.

Parent's initials: _____/Caregiver's initials: _____ Date: _____