

Thickened Liquid Administration Log

Liquids mixed to IDDSI level: _____

Student Name			DOB		School		Grade	
Parent/Guardian			Phone Number/s		Provider		Phone	

Nurse/Delegator (Print) _____ Nurse/Delegator Signature _____ Date _____

Unlicensed Assistive Personnel (UAP)/Delegatee (Print) _____ UAP/Delegatee Signature _____ Initials _____

Unlicensed Assistive Personnel (UAP)/Delegatee (Print) _____ UAP/Delegatee Signature _____ Initials _____

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