

Thickened Liquid Administration Log

Liquids mixed to IDDSI level: _____

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

Date	Time	Type of Liquid	Type of thickener	Amount provided	Amount Consumed	IDDSI Tested (Y/N)	Notes

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

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

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

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