Let's Go Overnight Packing List

Child's Information

Name: _____
Allergies: _____
Medical Info: _____

Right Out of the Gate

- ☐ Identification
- ☐ Emergency Contact Sheet
- ☐ Medical Insurance Information
- ☐ Consent for Emergency Treatment
- ☐ _____
- ☐ _____

What to Wear

- ☐ Top
- ☐ Bottom
- ☐ Socks
- ☐ Sneakers
- ☐ Pajamas
- ☐ Underwear
- ☐ Extra Underwear
- ☐ Belts
- ☐ Hats
- ☐ Sunglasses
- ☐ Bathing Suit
- ☐ Pull Ups
- ☐ _____
- ☐ _____

Bathroom

- ☐ Dental care
- ☐ Toothpaste
- ☐ Toothbrush
- ☐ Floss
- ☐ Body care
- ☐ Soap
- ☐ Moisturizer
- ☐ Shampoo
- ☐ Deodorant
- ☐ Hair Items
- ☐ Brush
- ☐ Comb
- ☐ Sunscreen
- ☐ Medications
- ☐ Feminine Products
- ☐ _____
- ☐ _____

Miscellaneous

- ☐ _____
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For an OVERNIGHT

- ☐ Backpack
- ☐ Sleeping Bag
- ☐ Pillow
- ☐ Stuffed Animal
- ☐ Blanket
- ☐ Video Game Player
- ☐ Charger
- ☐ Book
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