

Packing List

Daily Themes/Trip Itinerary

Packing for: _____

Bag(s): _____

Clothing

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Day 1 Outfit | <input type="checkbox"/> Spare Bottoms | <input type="checkbox"/> Pajamas |
| <input type="checkbox"/> Day 2 Outfit | <input type="checkbox"/> Spare Tops | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Day 3 Outfit | <input type="checkbox"/> Jacket/Sweater | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Day 4 Outfit | <input type="checkbox"/> Shoes | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Day 5 Outfit | <input type="checkbox"/> Swimsuit | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Day 6 Outfit | <input type="checkbox"/> Swim hat | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Day 7 Outfit | <input type="checkbox"/> Socks | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Travel Day Outfit | <input type="checkbox"/> Underwear/Bras | <input type="checkbox"/> _____ |

Toiletries

- | | |
|---|---|
| <input type="checkbox"/> Body Wash | <input type="checkbox"/> Face Moisturizer/serums |
| <input type="checkbox"/> Loofah | <input type="checkbox"/> Brush/Comb |
| <input type="checkbox"/> Shampoo | <input type="checkbox"/> Curling Iron / Flat Iron |
| <input type="checkbox"/> Conditioner | <input type="checkbox"/> Leave-in Conditioner |
| <input type="checkbox"/> Razor | <input type="checkbox"/> Hair serums |
| <input type="checkbox"/> Face Wash | <input type="checkbox"/> Hair Ties / Bows / Headbands/ Bobby Pins |
| <input type="checkbox"/> Lotion | <input type="checkbox"/> Makeup |
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Masks |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Vitamins/Supplements |
| <input type="checkbox"/> Perfume/Body Spray | <input type="checkbox"/> Baby Wipes & Wet Ones |

Accessories / Misc.

- Laundry Pods & Spot Remover
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Personal Item

- Phone
- Tablet / E-reader / Book
- Charger
- Snacks
- Games/Activity Books
- Writing Tools
- Comfort Item
- Extra Layer

Medication

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Thermometer |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Nasal Spray |
| <input type="checkbox"/> Itch cream | <input type="checkbox"/> Emergen-C |
| <input type="checkbox"/> Neosporin | <input type="checkbox"/> bug Spray |
| <input type="checkbox"/> Band-aids | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Allergy Med. | <input type="checkbox"/> _____ |
| <input type="checkbox"/> TUMS/Tummy Medicine | |

Electronics

- Tablet / iPad
- Charger
- Phone Charger
- Power Bank
- Extra charging cable
- Camera / SD Cards / Lens
- _____
- _____