

hospital bag

CHECKLIST

TOILETRIES

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> HAIR TIES | <input type="checkbox"/> DRY SHAMPOO |
| <input type="checkbox"/> DEODORANT | <input type="checkbox"/> HAIR BRUSH |
| <input type="checkbox"/> CHAPSTICK | <input type="checkbox"/> SHAMPOO |
| <input type="checkbox"/> TOOTHBRUSH | <input type="checkbox"/> CONDITIONER |
| <input type="checkbox"/> TOOTHPASTE | <input type="checkbox"/> BODY WASH |
| <input type="checkbox"/> MAKEUP REMOVER | <input type="checkbox"/> _____ |
| <input type="checkbox"/> WIPES | <input type="checkbox"/> _____ |
| <input type="checkbox"/> MAKEUP BAG | <input type="checkbox"/> _____ |
| <input type="checkbox"/> LOTION | |

FOR BABY

- | | |
|--|------------------------------------|
| <input type="checkbox"/> PACIFIER | <input type="checkbox"/> HAT |
| <input type="checkbox"/> SLEEPERS (2-3) | <input type="checkbox"/> BABY WASH |
| <input type="checkbox"/> ONESIES (2-3) | <input type="checkbox"/> NAIL FILE |
| <input type="checkbox"/> SWADDLE | <input type="checkbox"/> _____ |
| <input type="checkbox"/> SLEEP SACK | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CAR SEAT | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CAR SEAT BASE
(INSTALLED IN CAR) | |
| <input type="checkbox"/> CAR SEAT COVER | |

FOR MOM

- | | |
|---|---|
| <input type="checkbox"/> SLIPPER SOCKS | <input type="checkbox"/> SLIPPERS |
| <input type="checkbox"/> ROBE | <input type="checkbox"/> GLASSES |
| <input type="checkbox"/> NURSING TANKS | <input type="checkbox"/> CONTACTS |
| <input type="checkbox"/> NURSING BRA | <input type="checkbox"/> CONTACT CASE |
| <input type="checkbox"/> LEGGINGS (2-3) | <input type="checkbox"/> CONTACT SOLUTION |
| <input type="checkbox"/> CARDIGAN | <input type="checkbox"/> _____ |
| <input type="checkbox"/> FLIP FLOPS
(FOR SHOWER) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> GOING HOME
OUTFIT | <input type="checkbox"/> _____ |

BREASTFEEDING

- NIPPLE CREAM
- NURSING PADS
- NURSING COVER
- NURSING PILLOW
- BREAST PUMP
- _____
- _____
- _____

FOR DAD

- T SHIRTS (2-3)
- SWEATSHIRT
- SWEATPANTS
- SOCKS (2-3)
- SLIPPERS
- _____
-
- _____

MISC

- | | | | |
|---|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> BABY BOOK | <input type="checkbox"/> VIDEO CAMERA | <input type="checkbox"/> MEMORY CARD(S) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> GUM | <input type="checkbox"/> & CHARGER | <input type="checkbox"/> PHOTO PROPS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> SNACKS | <input type="checkbox"/> CAMERA | (NAME TAG, BLANKET, | <input type="checkbox"/> _____ |
| <input type="checkbox"/> PILLOWS | <input type="checkbox"/> & CHARGER | HEADBAND, ETC.) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> EXTRA LONG
PHONE CHARGERS | <input type="checkbox"/> COMPUTER | | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> &CHARGER | | <input type="checkbox"/> _____ |