

MY TO-GO BAG

MY Checklist:
Keep a "To GO" bag in your vehicle at all times, be prepared!

TOILETRIES & PERSONAL ITEMS:

- | | | |
|--|---|--|
| <input type="checkbox"/> Deodorant | <input type="checkbox"/> Tooth paste | <input type="checkbox"/> Tooth brush |
| <input type="checkbox"/> Hand sanitizer | <input type="checkbox"/> Body toweletts | <input type="checkbox"/> Spare glasses |
| <input type="checkbox"/> 1 Change of clothing | <input type="checkbox"/> Suntan Lotion | <input type="checkbox"/> Soap |
| <input type="checkbox"/> Incontinence supplies | <input type="checkbox"/> Nail file & Clippers | <input type="checkbox"/> 1 towel |
1. _____ 2. _____
3. _____ 4. _____

ELECTRONICS:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Extra Batteries (i.e.: hearing aids) | <input type="checkbox"/> Wall plugs | <input type="checkbox"/> Head Phone |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Batteries | <input type="checkbox"/> Phone Charger (Solar) |
1. _____ 2. _____
3. _____ 4. _____

COMFORT ITEMS

- | | | |
|--|---|--|
| <input type="checkbox"/> Blanket | <input type="checkbox"/> Magazine | <input type="checkbox"/> Sensory Items |
| <input type="checkbox"/> Playing Cards | <input type="checkbox"/> Activity Cards | |
1. _____ 2. _____
3. _____ 4. _____

MISCELLANEOUS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Pad of Paper and Pens | <input type="checkbox"/> Small First Aid Kit | <input type="checkbox"/> Umbrella |
| <input type="checkbox"/> Spare Keys | <input type="checkbox"/> Snacks | <input type="checkbox"/> Bottled Water |
| <input type="checkbox"/> Screw Driver/tools | <input type="checkbox"/> Roll of Duct Tape | <input type="checkbox"/> Mini sewing kit |
| <input type="checkbox"/> Super Glue | <input type="checkbox"/> Cash/change | <input type="checkbox"/> Medications |
- Medication supplies (I.e.: syringes)
1. _____ 2. _____

DOCUMENTS:

- | | |
|---|---|
| <input type="checkbox"/> Copy of Current Medications, Allergies, & diagnosis | <input type="checkbox"/> Medicare & insurance cards |
| <input type="checkbox"/> DNR/MOST form, Advance Directives | <input type="checkbox"/> Emergency phone list |
| <input type="checkbox"/> Copies of all legal documents | |
| <input type="checkbox"/> Copies of Legal documents (POA's, living wills, guardianship papers, etc...) | |

