

# THE ULTIMATE RV PACKING LIST

*Baby &  
Toddler*

## IMPORTANT

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Birth Certificate Copy | <input type="checkbox"/> Child Medications                              | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Pediatrician Number    | <input type="checkbox"/> Child Passport                                 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Health Insurance       | <input type="checkbox"/> Approval of Travel Letter<br>from Other Parent | <input type="checkbox"/> _____ |

## FEEDING

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bottles             | <input type="checkbox"/> Formula               | <input type="checkbox"/> Portable Booster |
| <input type="checkbox"/> Nipples             | <input type="checkbox"/> Infant Gallon Water   | <input type="checkbox"/> Snack Container  |
| <input type="checkbox"/> Bottle Warmer       | <input type="checkbox"/> Baby Food             | <input type="checkbox"/> Sippy Cups       |
| <input type="checkbox"/> Bottle Brush        | <input type="checkbox"/> Baby Cereal           | <input type="checkbox"/> Feeding Utensils |
| <input type="checkbox"/> Bottle Dish Soap    | <input type="checkbox"/> Puffs & Yogurt Melts  | <input type="checkbox"/> Plates & Bowls   |
| <input type="checkbox"/> Bottle Dish Rack    | <input type="checkbox"/> Teething Chews        | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Breast Pump         | <input type="checkbox"/> Baby & Toddler Snacks | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Breastmilk Storage  | <input type="checkbox"/> Burp Cloths           | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Breast Pump Cleaner | <input type="checkbox"/> Bibs                  | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Cooler Pack         | <input type="checkbox"/> Nursing Pillow        | <input type="checkbox"/> _____            |
| <input type="checkbox"/> Nursing Cover       | <input type="checkbox"/> Portable Highchair    | <input type="checkbox"/> _____            |

## DIAPERING & POTTY TRAINING

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Diapers/Pull Ups  | <input type="checkbox"/> Travel Changing Mat     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Wipes             | <input type="checkbox"/> Portable Potty          | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Diaper Cream      | <input type="checkbox"/> Potty Liners            | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Diaper Waste Bags | <input type="checkbox"/> Public Potty Seat Cover | <input type="checkbox"/> _____ |

# THE ULTIMATE RV PACKING LIST

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## GEAR & ACTIVITIES

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Car Seat             | <input type="checkbox"/> Outlet Covers           | <input type="checkbox"/> Movies                  |
| <input type="checkbox"/> Car Seat Cover       | <input type="checkbox"/> Corner Protectors       | <input type="checkbox"/> Sticker/ Coloring Books |
| <input type="checkbox"/> Collapsible Stroller | <input type="checkbox"/> Activity Floor Mat      | <input type="checkbox"/> Floaties                |
| <input type="checkbox"/> Baby Carrier         | <input type="checkbox"/> Travel Gate             | <input type="checkbox"/> Portable DVD Player     |
| <input type="checkbox"/> Child Leash          | <input type="checkbox"/> Portable Bouncy         | <input type="checkbox"/> _____                   |
| <input type="checkbox"/> Diaper Bag           | <input type="checkbox"/> Portable Activity Seat  | <input type="checkbox"/> _____                   |
| <input type="checkbox"/> Beach Bag            | <input type="checkbox"/> Portable Floor Seat     | <input type="checkbox"/> _____                   |
| <input type="checkbox"/> Collapsible Playpen  | <input type="checkbox"/> Toys (Outside & Inside) | <input type="checkbox"/> _____                   |
| <input type="checkbox"/> Travel Neck Support  | <input type="checkbox"/> Books                   | <input type="checkbox"/> _____                   |
| <input type="checkbox"/> Window Shade         | <input type="checkbox"/> Games                   | <input type="checkbox"/> _____                   |

## HEALTH & WELLNESS

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Baby Shampoo/Soap       | <input type="checkbox"/> Teethers                   | <input type="checkbox"/> Sunscreen          |
| <input type="checkbox"/> Baby Lotion             | <input type="checkbox"/> Pacifiers                  | <input type="checkbox"/> Insect Repellent   |
| <input type="checkbox"/> Wash Cloths             | <input type="checkbox"/> Pacifier Clips             | <input type="checkbox"/> Anti-Itch Ointment |
| <input type="checkbox"/> Bath Towel              | <input type="checkbox"/> First Aid Kit              | <input type="checkbox"/> Sanitizing Wipes   |
| <input type="checkbox"/> Travel Bath Tub         | <input type="checkbox"/> Infant/ Children's Tylenol | <input type="checkbox"/> Q-Tips             |
| <input type="checkbox"/> Bath Toys               | <input type="checkbox"/> Children's Benadryl        | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Comb/ Brush             | <input type="checkbox"/> Gas Drops                  | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Hair Clips/ Accessories | <input type="checkbox"/> Nose Aspirator             | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Nail Clippers/ File     | <input type="checkbox"/> Saline Drops               | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Infant Toothbrush       | <input type="checkbox"/> Thermometer                | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Infant Toothpaste       | <input type="checkbox"/> Prescription Medications   | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Teething Tablets        | <input type="checkbox"/> Allergy Medication         | <input type="checkbox"/> _____              |

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## SLEEPING

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Pack n' Play/ Travel Bassinet | <input type="checkbox"/> Sleep Sack        | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Sheets/ Mattress Cover        | <input type="checkbox"/> Noise Machine     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Blanket                       | <input type="checkbox"/> Nightlight        | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Swaddle Blankets              | <input type="checkbox"/> Waterproof Sheets | <input type="checkbox"/> _____ |

## CLOTHING

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hangers                | <input type="checkbox"/> Underwear     | <input type="checkbox"/> Dinner Outfit |
| <input type="checkbox"/> Hamper/Bag             | <input type="checkbox"/> Socks         | <input type="checkbox"/> Tops          |
| <input type="checkbox"/> Baby Laundry Detergent | <input type="checkbox"/> Booties/Shoes | <input type="checkbox"/> Bottoms       |
| <input type="checkbox"/> Fabric Softener        | <input type="checkbox"/> Pajamas       | <input type="checkbox"/> _____         |
| <input type="checkbox"/> Laundry Stain Remover  | <input type="checkbox"/> Onesies       | <input type="checkbox"/> _____         |
| <input type="checkbox"/> Laundry Coins          | <input type="checkbox"/> Outfits       | <input type="checkbox"/> _____         |

## WARM TEMP.CLOTHING

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Swimsuit     | <input type="checkbox"/> Water Shoes |
| <input type="checkbox"/> Rashguard    | <input type="checkbox"/> Cover Up    |
| <input type="checkbox"/> Swim Diapers | <input type="checkbox"/> Beach Towel |
| <input type="checkbox"/> Sun Hat      | <input type="checkbox"/> _____       |
| <input type="checkbox"/> Sunglasses   | <input type="checkbox"/> _____       |
| <input type="checkbox"/> Sandals      | <input type="checkbox"/> _____       |

## COLD TEMP. CLOTHING

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Long Johns     | <input type="checkbox"/> Hat    |
| <input type="checkbox"/> Baby Bunting   | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Snowsuit/Pants | <input type="checkbox"/> Boots  |
| <input type="checkbox"/> Coat           | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Jacket         | <input type="checkbox"/> _____  |
| <input type="checkbox"/> Sweatshirt     | <input type="checkbox"/> _____  |