

# Hospital Bag Checklist

---

## Important Things

Medication	<input type="checkbox"/>
------------	--------------------------

ID & Insurance Info	<input type="checkbox"/>
---------------------	--------------------------

Phone & Charger	<input type="checkbox"/>
-----------------	--------------------------

Clothes	<input type="checkbox"/>
---------	--------------------------

## Toiletries

Toothbrush	<input type="checkbox"/>
------------	--------------------------

Shampoo & Soap	<input type="checkbox"/>
----------------	--------------------------

Towel and Wipes	<input type="checkbox"/>
-----------------	--------------------------

Hair ties	<input type="checkbox"/>
-----------	--------------------------

Glasses / contacts	<input type="checkbox"/>
--------------------	--------------------------

## Entertainment

Books / Magazines	<input type="checkbox"/>
-------------------	--------------------------

Tablet & Charger	<input type="checkbox"/>
------------------	--------------------------

## Additional Items

<input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>
<input type="checkbox"/>
..... <input type="checkbox"/>