

Air Travel Packing Checklist for a Child with Autism

Print this checklist to pack methodically, reduce surprises, and keep essentials within reach.

	Item	Qty	Notes
<input type="checkbox"/>	Traveler name(s): _____	___	Flight #: _____ Date: _____ Airline: _____
<input type="checkbox"/>	Departure Airport: _____	___	Arrival Airport: _____ Confirmation #: _____

Documents & IDs (carry-on only)

	Item	Qty	Notes
<input type="checkbox"/>	Government IDs / passports / visas	___	Keep together in one pouch.
<input type="checkbox"/>	Boarding passes / confirmation / seat assignments	___	
<input type="checkbox"/>	Medical letters (optional) / accommodation emails	___	For TSA/airline if needed.
<input type="checkbox"/>	Insurance cards / emergency contacts	___	
<input type="checkbox"/>	Cash / payment cards	___	

Sensory & Regulation

	Item	Qty	Notes
<input type="checkbox"/>	Noise-reducing headphones / ear defenders	___	
<input type="checkbox"/>	Preferred sensory tools	___	Chewy, fidget, textured strip, putty.
<input type="checkbox"/>	Weighted lap pad (if allowed) / compression vest	___	Check airline policies.
<input type="checkbox"/>	Sunglasses / hat / hoodie	___	For light/noise buffering.
<input type="checkbox"/>	Portable visual schedule / first-then board	___	Dry-erase marker.

Comfort & Calming

	Item	Qty	Notes
<input type="checkbox"/>	Comfort item	___	Stuffed toy, small blanket, photo book.
<input type="checkbox"/>	Small pillow / neck pillow	___	
<input type="checkbox"/>	Soothing apps/videos downloaded	___	Offline playback.
<input type="checkbox"/>	Timers	___	Phone or small visual timer.

Medications & Health (carry-on only)

	Item	Qty	Notes
<input type="checkbox"/>	Daily meds in original containers	___	Pack extra days.
<input type="checkbox"/>	Rescue meds	___	EpiPen, inhaler, seizure meds.
<input type="checkbox"/>	Feeding/medical supplies	___	Syringes, glucose supplies, formula.
<input type="checkbox"/>	Motion-sickness relief	___	
<input type="checkbox"/>	Thermometer / fever reducer	___	
<input type="checkbox"/>	Doctor's letter for supplies (optional)	___	

Food & Hydration

	Item	Qty	Notes
<input type="checkbox"/>	Favorite snacks (variety of textures)	___	Consider protein + simple carbs.
<input type="checkbox"/>	Medically necessary liquids/foods	___	Declare at security (>3.4 oz allowed).
<input type="checkbox"/>	Empty water bottle	___	Fill after security.
<input type="checkbox"/>	Gum / lollipops / chewy snacks	___	For ear pressure.
<input type="checkbox"/>	Utensils / straw / wipes / napkins	___	

Electronics

	Item	Qty	Notes
<input type="checkbox"/>	Tablet/phone with charger	___	Download offline media.
<input type="checkbox"/>	Power bank + cable	___	
<input type="checkbox"/>	Tracking tags (child/backpack)	___	Charge and pair.

Clothing

	Item	Qty	Notes
<input type="checkbox"/>	Layered outfits (soft, tagless if possible)	___	
<input type="checkbox"/>	Change of clothes for child	___	Top + bottoms + underwear + socks.
<input type="checkbox"/>	Light extra top for caregiver	___	
<input type="checkbox"/>	Slip-on shoes	___	Minimal metal for screening.
<input type="checkbox"/>	Jacket/hoodie	___	
<input type="checkbox"/>	Sleepwear (if overnight/long-haul)	___	

Hygiene & Cleanup

	Item	Qty	Notes
<input type="checkbox"/>	Wet wipes / tissues	___	
<input type="checkbox"/>	Hand sanitizer / sanitizing wipes	___	
<input type="checkbox"/>	Toothbrush / toothpaste / comb	___	
<input type="checkbox"/>	Lip balm / lotion	___	
<input type="checkbox"/>	Small trash bags / zipper bags	___	For soiled clothes or mess.
<input type="checkbox"/>	Pull-ups / diapers / pads (if used)	___	Pack extra.

Safety & Wayfinding

	Item	Qty	Notes
<input type="checkbox"/>	ID bracelet / contact card	___	Child's name + your phone.
<input type="checkbox"/>	Recent photo of child (on phone)	___	
<input type="checkbox"/>	Stroller / carrier / tether (if helpful)	___	
<input type="checkbox"/>	Bright/matching clothing	___	Ease of visual tracking.

Flight Day Grab Bag (at your seat)

	Item	Qty	Notes
<input type="checkbox"/>	Wipes / small trash bag	___	
<input type="checkbox"/>	Headphones / sensory tool	___	
<input type="checkbox"/>	Tablet/phone + power bank	___	
<input type="checkbox"/>	Two favorite snacks + water	___	
<input type="checkbox"/>	Comfort item + hoodie	___	
<input type="checkbox"/>	Small activity kit	___	Stickers, cards, coloring, small puzzle.
<input type="checkbox"/>	Medications that may be needed mid-flight	___	

Outfit & Packing Planner

Day / Activity	Top	Bottoms	Underwear	Socks	Notes
Day 1	_____	_____	_____	_____	_____
Day 2	_____	_____	_____	_____	_____
Day 3	_____	_____	_____	_____	_____
Day 4	_____	_____	_____	_____	_____
Day 5	_____	_____	_____	_____	_____

Medication & Supplies Tracker

Item	Qty Packed	Carry <input type="checkbox"/> On	Checked	Notes
_____	_____	<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"/>	_____