

Road Trip Packing Checklist for a Child with Autism

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

	Item	Qty	Notes
<input type="checkbox"/>	Traveler name(s): _____	___	Vehicle: _____ Route: _____ Trip dates: _____
<input type="checkbox"/>	Overnights: _____	___	Hotel/Stay confirmations: _____ _____
<input type="checkbox"/>	Special notes (sensory/medical/accommodations): _____	___	

Documents & Essentials

	Item	Qty	Notes
<input type="checkbox"/>	IDs / insurance cards	___	
<input type="checkbox"/>	Vehicle registration & roadside assistance info	___	
<input type="checkbox"/>	Itinerary / hotel confirmations	___	Printed & digital copies.
<input type="checkbox"/>	Emergency contacts & care plan	___	
<input type="checkbox"/>	Cash / payment cards / toll transponder	___	

Vehicle Prep

	Item	Qty	Notes
<input type="checkbox"/>	Full tank / charging plan	___	Map chargers if EV.
<input type="checkbox"/>	Tire pressure / spare / jack / jumper cables	___	
<input type="checkbox"/>	Windshield wipes / trash bags / paper towels	___	
<input type="checkbox"/>	Seat covers / waterproof mat (if needed)	___	
<input type="checkbox"/>	Window shades / sun protection	___	

Sensory & Regulation

	Item	Qty	Notes
<input type="checkbox"/>	Noise-reducing headphones / ear defenders	___	
<input type="checkbox"/>	Preferred sensory tools	___	Chewy, fidget, putty, textured strip.
<input type="checkbox"/>	Weighted lap pad / compression vest (if tolerated)	___	

<input type="checkbox"/>	Sunglasses / hat / hoodie	___	For light/noise buffering.
<input type="checkbox"/>	Portable visual schedule / first-then board	___	Dry-erase marker.
<input type="checkbox"/>	Calm-down kit	___	Breathing cards, stress ball, lavender wipe (if liked).

Comfort & Seating

	Item	Qty	Notes
<input type="checkbox"/>	Car seat / booster correctly installed	___	Check expiration and fit.
<input type="checkbox"/>	Neck pillow / small blanket	___	
<input type="checkbox"/>	Seatbelt cover / soft strap guard	___	
<input type="checkbox"/>	Spare change of clothes within reach	___	

Health & Medications (keep accessible)

	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"/>	Motion-sickness relief	___	Sea bands, meds as advised.
<input type="checkbox"/>	Basic first-aid kit	___	Bandages, antiseptic, fever reducer, thermometer.
<input type="checkbox"/>	Feeding/medical supplies	___	Syringes, glucose supplies, formula.
<input type="checkbox"/>	Wipes / tissues / sanitizer	___	

Food & Hydration

	Item	Qty	Notes
<input type="checkbox"/>	Cooler with ice packs	___	
<input type="checkbox"/>	Water bottles / spill-proof cups	___	
<input type="checkbox"/>	Balanced snacks	___	Protein + fruit + crunchy/familiar options.
<input type="checkbox"/>	Medically necessary foods/liquids	___	
<input type="checkbox"/>	Utensils / straws / napkins	___	
<input type="checkbox"/>	Meal plan stops (times & locations)	___	Note reservations or drive-thrus.

Entertainment & Routines

	Item	Qty	Notes
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<input type="checkbox"/>	Tablet/phone with offline media	___	
<input type="checkbox"/>	Charging cables / power bank / car charger	___	
<input type="checkbox"/>	Activity kit	___	Stickers, coloring, small puzzles, cards.
<input type="checkbox"/>	Music/audiobooks playlist	___	Comfort tracks and quiet sounds.
<input type="checkbox"/>	Timer for predictable rotations	___	10–15 minute intervals if helpful.
<input type="checkbox"/>	Morning/evening routines packed	___	Toiletries, PJs, routine-based items.

Clothing

	Item	Qty	Notes
<input type="checkbox"/>	Layered outfits (soft, tagless if possible)	___	
<input type="checkbox"/>	Extra sets for spills/accidents	___	
<input type="checkbox"/>	Socks / underwear / sleepwear	___	
<input type="checkbox"/>	Weather gear	___	Raincoat, boots, sun hat, swimwear.
<input type="checkbox"/>	Comfort footwear	___	Easy on/off for rest stops.

Hygiene & Cleanup

	Item	Qty	Notes
<input type="checkbox"/>	Toiletries kit	___	Toothbrush, toothpaste, comb/brush, lotion, lip balm.
<input type="checkbox"/>	Travel potty or seat cover (if used)	___	
<input type="checkbox"/>	Pull-ups / diapers / pads (if used)	___	Pack extra + disposal bags.
<input type="checkbox"/>	Hand soap sheets / sanitizing wipes	___	
<input type="checkbox"/>	Laundry kit	___	Detergent pods, zipper bags for soiled clothes.

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"/>	Car door/child locks set	___	
<input type="checkbox"/>	Tracking tag (child/backpack)	___	Charge and pair.
<input type="checkbox"/>	Bright/matching clothing for busy stops	___	

Overnight & Transitions

	Item	Qty	Notes
<input type="checkbox"/>	White-noise app/device (if helpful)	___	
<input type="checkbox"/>	Night light	___	
<input type="checkbox"/>	Favorite comfort item	___	Stuffed toy or blanket.
<input type="checkbox"/>	Bedtime visual schedule	___	
<input type="checkbox"/>	Hotel-safe snacks / breakfast plan	___	

Contingency Kit

	Item	Qty	Notes
<input type="checkbox"/>	Spill kit	___	Paper towels, wipes, extra bags.
<input type="checkbox"/>	Weather/road delay kit	___	Extra water/snacks, games, power bank.
<input type="checkbox"/>	Small tool kit / duct tape / flashlight	___	
<input type="checkbox"/>	Paper map backup	___	

Front-Seat Grab List (keep within reach)

	Item	Qty	Notes
<input type="checkbox"/>	Meds & first-aid pouch	___	
<input type="checkbox"/>	Snacks & water	___	
<input type="checkbox"/>	Wipes & small trash bags	___	
<input type="checkbox"/>	Headphones & primary sensory tool	___	
<input type="checkbox"/>	Tablet/phone & charger	___	
<input type="checkbox"/>	Change of clothes (top/underwear) for child	___	

Daily Routine & Stop Planner

Time	Planned Stop	Activity/Movement	Snack/Meal	Notes
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medication & Sensory Schedule

Time	Medication/Sensory Support	Dose/Duration	Given?	Notes
_____	_____	_____	[]	_____
_____	_____	_____	[]	_____
_____	_____	_____	[]	_____
_____	_____	_____	[]	_____
_____	_____	_____	[]	_____

Behavior/Coping Plan (quick reference)

Trigger	Early Signs	Support Strategy	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____