TEMPLATE F

Outing Plan and Packing List

Chapter 12

Date and place: _____. Leave by: _____. Home by: _____.

Planning item	Notes
Best time of day for them	
Transportation and drop-off or parking	
Walking distance from car or drop-off to the seat	
Bathrooms and seating	
Noise, crowds, or weather backup	
Medications, water, snack, sweater	
Mobility, hearing, or vision equipment	
Early-exit signal and how we will leave	
Who else is coming	
Doctor advice needed first?	

Packing (check what you are taking):

- ☐ ID and insurance card, if needed
- ☐ Phone and charger
- ☐ Medications due during the outing
- ☐ Mobility device or seating cushion
- ☐ Hearing aids and a spare battery, if used
- ☐ Glasses
- ☐ A written address and your phone number, if memory is a concern
- ☐ A short familiar activity for the ride or a delay