

Back to School planning: Master List**Child's Name:****Medical Visits**

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|--|
| Dentist |
| Pediatrician |
| Eye doctor |
| Shots Needed |
| Medical forms – Dental and Pediatrician |
| Special Medications and Note from Doctor |
| School forms for emergencies |
| |
| |
| |

School supplies**Additional Supplies**

| | |
|------------------|--|
| Backpack | |
| lunchbox | |
| crayons | |
| markers | |
| school glue | |
| glue sticks | |
| erasers | |
| pencils | |
| pencil sharpener | |
| scissors | |
| notebook paper | |
| shoebox | |
| pencil case | |

Clothes

| |
|-----------------|
| shoes |
| sneakers |
| uniform items: |
| gym uniform |
| jacket |
| winter coat |
| hat and mittens |