



Very Special Kids
Clothing Checklist

GOLDCARE NUMBER (CLIENT ID)	
GIVEN NAME	
FAMILY NAME	
DATE OF BIRTH	SEX

TOILETRIES – The colour of my toilet bag is

**** Select the contents from list and list quantities**

Tick if relevant	List quantities	IN	OUT	Add other items	IN	OUT
<input type="checkbox"/>						
<input type="checkbox"/>	Nappies =					
<input type="checkbox"/>	Nappy sacks					
<input type="checkbox"/>	Nappy Wipes					
<input type="checkbox"/>	Toothbrush					
<input type="checkbox"/>	Toothpaste					
<input type="checkbox"/>	Baby lotion					
<input type="checkbox"/>	Hairbrush comb					
<input type="checkbox"/>	Ointments					
<input type="checkbox"/>	Shampoo					
<input type="checkbox"/>	Soap or body wash					
<input type="checkbox"/>	Sun hat					
<input type="checkbox"/>	Deodorant					
<input type="checkbox"/>						

QTY	Feeding Equipment /Food	IN	OUT

QTY	Other Equipment	IN	OUT

Date	PRINT NAME
	Clothing list checked IN by
	Clothing list checked OUT by



Form 5
Clothing Checklist