

FIRST-AID CRUISE PACKING LIST

Insurance Company: _____

Policy #: _____

Emergency Contact: _____

Allergies: _____

- | | |
|---|---|
| <input type="checkbox"/> Motion sickness meds | <input type="checkbox"/> Bandages |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Antibiotic Ointment |
| <input type="checkbox"/> Aloe | <input type="checkbox"/> Cough Syrup |
| <input type="checkbox"/> Hydrocortizone Cream | <input type="checkbox"/> After Swim Ear Drops |
| <input type="checkbox"/> Fever Reducer | <input type="checkbox"/> Heartburn Meds |
| <input type="checkbox"/> Allergy Medicine | <input type="checkbox"/> Prescription Meds |

