# Parent Checklist

*Preparing for Your Child's Surgery*

## Parent checklist

### *Before day of surgery*

☐ I know when to arrive at the hospital.
Date: _____ Arrival time: _____

☐ I know what time to stop eating and drinking.

- No food or milk (except breast milk) after: _____
- No infant formula after: _____
- No breast milk after: _____
- No drinking clear liquids after: _____
- Nothing at all to eat or drink after: _____

☐ My child has had a pre-surgery physical exam.

☐ I've planned care for my other children and pets.

☐ I've cleaned any cloth comfort items that we'll bring to the hospital (blankets, stuffed animals).

☐ My child had a shower or bath. We followed the special instructions from the clinic.

### *Day of surgery*

☐ If my child is ill, I've called the surgeon's clinic.

☐ My child had a second shower or bath. We followed the special instructions from the clinic.

☐ My child is wearing loose, comfortable clothing.

☐ My child has removed all contacts, retainers and jewelry (including piercings).

☐ My child isn't wearing makeup, nail polish, powder, lotion, antiperspirant or deodorant.

☐ I am bringing these items to the surgery center:

- ☐ Comfort items for child: Pacifier, bottle (for after surgery only!), blanket, stuffed animal, books, magazines, electronic devices (with headphones), etc.
- ☐ For me, while I wait: A book, magazine or electronic device (with headphones)
- ☐ A complete list of medicines that my child takes (or photos of bottles)
- ☐ Inhaler or other medical devices (if child uses)
- ☐ Medical and prescription insurance cards
- ☐ Money or credit card for food, parking, co-pays
- ☐ *If surgery is at a hospital:* Photo ID for **all** adults coming to the hospital
- ☐ *Foster parents, guardians:* Proof of legal guardianship
- ☐ *Nursing mothers:* Pump and supplies
- ☐ An overnight bag, if we have to stay the night

## Child checklist

☐ My favorite comfort items are clean and packed (stuffed animal, blanket).

☐ I have a couple small toys or games to play with.

☐ I have taken a bath or shower to clean my body.

☐ I have a list of questions for my care team or parents.

☐ I have items that will help me feel calm and relaxed (music, movie, phone, tablet or things like that).

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