

# NORTHLAND LUTHERAN HIGH SCHOOL

## MEDICATIONS BROUGHT FROM HOME

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Please list below any medications or supplements (herbal or vitamin) that you are bringing with you from your home country. It is important that your host family is aware of any medications you are taking so that the information is available if a doctor were to request it.

Name of Medication (in native language)	Name of Medication (in English)	Use	Recommended Dosage	How often is it taken?

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Student Name

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Parent Signature Printed Name (in English) Date