



School District Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Mailing Address (No PO Boxes/Must use a street address where you can sign for a FedEx package):

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: UT

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Program:** Seizure Rescue Medication Training for School Employee volunteers

**Amount:** \$25.00

Please return form to Carolyn Croxall, email [ccroxall@utah.gov](mailto:ccroxall@utah.gov)

Please allow 6-8 weeks for your gift card to arrive.  
Finet: 1000-270-4359-LEJ

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Nurse (Printed)**

\_\_\_\_\_  
**School Nurse Signature**