



UTAH DEPARTMENT OF  
**HEALTH**

Healthy Living Through Environment  
Policy and Improved Clinical Care (EPICC)

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

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

Mailing Address (No PO Boxes / Signature Required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**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**