Utah Department of
Health & Human Services
Population Health

School District Name:_____School Name: _____

Individual's Name: _____

Mailing Address (**Gift Cards are sent to the school**): _____

City:_____State:_____ Zip Code: _____

Phone: _____

Program: Seizure Rescue Medication Training for School Employee volunteers (DIASTAT or NASAL)

Amount: $25.00

Please return form to Carolyn Croxall, email ccroxall@utah.gov

Please allow 6-8 weeks for your gift card to arrive.
Only one gift card per school year per person.

Incomplete forms will not be processed.

Finet: 1000-250-6379-LEJ

_____ _____

Signature **Date**

_____ _____

School Nurse (Printed) **School Nurse Signature**

10.3.22