Texas Children's Hospital

THE DAISY AWARD FOR EXTRAORDINARY NURSES NOMINATION FORM

Texas Children's Hospital

Date: _____

The Daisy Award is a nation-wide program that rewards excellence in nursing. This award was created by the Daisy Foundation to recognize the clinical skills, extraordinary compassion and care exhibited by nurse's everyday.

I nominate nurse _____from_____ unit/department
(First and Last name)
as a deserving recipient of the DAISY award. This nurse exemplifies the kind of nurse that the patient's and families as well as Nurses, Physicians and Health Care team members recognize as an outstanding role model.

Please describe <u>in detail</u> a specific patient situation(s) in which you observed this nurse provide expert care: (Please use the back of the form if additional space is needed.)

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Are you an: ☐ Employee ☐ Patient ☐ Visitor/Family
☐ Volunteer ☐ Physician ☐ Other

Your name and phone number: _____

The recipient of this award will receive a framed certificate, a Daisy award signature pin, and a hand carved stone sculpture entitled A Healer's Touch.

Employees may submit the nomination form to the Assistant Clinical Director of their unit. Families and Visitors may submit the nomination form to the unit secretary. Forms may also be emailed to daisyaward@texaschildrenshospital.org Nomination(s) can be mailed to: Daisy Award
6621Fannin St. MC 1-1410
Houston, TX 77030