



Nomination Form

I would like to nominate _____ from the _____ unit/department as a deserving recipient of The DAISY Award. This nurse’s clinical skill and especially her/his compassionate care exemplify the kind of nurse that patients, families, and associates recognize as an outstanding role model.

Please describe how this nurse made a meaningful difference in your care.

Thank you for taking the time to nominate an extraordinary nurse for this award. Please tell us about yourself, so that we may include you in the celebration of this award should the nurse you nominated be chosen.

Your Name _____ Phone _____ Email _____

I am (please check one): Patient Family/Visitor Associate

Date of nomination: _____

Please return this form to:

**Hendricks Regional Health
Attention: Nursing Administration
1000 E. Main Street, Danville, IN 46122**

**Or email this form to
daisysubmissions@hendricks.org**

Manager/Director Signature: _____

Manager/Director:

Please sign the nomination form, make a copy for the recipient, and return the original form to the Nursing Administration Daisy Mailbox. Recognize the recipient’s nomination on your unit with his/her colleagues and give the recipient the copy of the nomination form. The recipient will also be recognized for his/her accomplishment during the annual Daisy Ceremony.

