



## DAISY Award Nomination Form

I would like to nominate (Full Name) \_\_\_\_\_ from the \_\_\_\_\_  
(Unit/Department) as a deserving recipient of The DAISY Award, an international program that honors the  
compassionate care and excellence our nurses bring to their patients every day.

This nurse:

- Serves as a role model for the nursing profession
- Demonstrates a caring attitude in all situations
- Communicates with compassion, using words the patient and family understand
- Makes a significant difference in the life of a patient

Please share a specific story involving the nurse you are nominating that clearly shows that he/she meets the above  
criteria for The DAISY Award. If you need more space, you can attach a sheet or write on the back of this page.

*\* Please note: By submitting this nomination form you give Children's permission to use your DAISY nomination for  
marketing or promotional purposes.\**

(PLEASE PRINT) \_\_\_\_\_

---



---



---



---



---



---



---



---



---



---

Thank you for taking the time to nominate an extraordinary nurse for this award. Please fill out your information below  
in case we need more information regarding your submission.

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am a (please check one): Patient \_\_\_\_ Family/Visitor \_\_\_\_

Date of Nomination: \_\_\_\_\_

If your nominee is selected  
and you would like to attend  
the award ceremony, please  
check the box

**To submit the form:**

- 1) Submit the completed form to the information/front desk.
- 2) Complete online by going to [ChildrensAL.org](http://ChildrensAL.org) and clicking on The DAISY Award logo.
- 3) Mail the completed form to Veronica Givhan, Children's of Alabama, 1600 7th Avenue S., Birmingham, AL 35233.