## Thank you for taking the time to thank your nurse!

Your Name
Phone
Email
☐ Please contact me if my nurse is chosen as a DAISY Honoree so that I may attend the celebration if available.
I am (please check one): _Staff _Patient/Family _Other
Date of nomination
If you have any questions, call <b>860-358-6460</b> or email <b>daisy@midhosp.org</b> .

Middlesex Hospital Nursing Administration c/o DAISY Award 28 Crescent Street Middletown, CT 06457

Each DAISY Award Honoree will be recognized at a public ceremony in her/his unit and will receive: a beautiful certificate, a DAISY Award pin, and a hand-carved stone sculpture entitled A Healer's Touch. Additionally, everyone in the unit will celebrate with cinnamon rolls – a favorite of Patrick's during his illness. The Barnes Family asks that whenever and wherever nurses smell that wonderful cinnamon aroma, they stop for a moment and think about how special they are.

Middletown, CT 06457

© DAISY Foundation 2019

## Want to Say Thank You To Your Nurse?

## Share Your Story!

The DAISY (Diseases Attacking the Immune SYstem) Award is an international recognition program that honors and celebrates the skillful, compassionate care nurses provide every day. The DAISY Foundation was established by the family of J. Patrick Barnes after he died from complications of the auto-immune disease ITP in 1999. During his hospitalization, they deeply appreciated the care and compassion shown to Patrick and his entire family. When he died, they felt compelled to say "thank you" to nurses in a very public way. Please say thank you by sharing your story of how a nurse made a difference you will never forget!



The Smarter Choice for Care



## The DAISY Award for Extraordinary Nurses

Thank a Deserving Nurse! Four easy ways to nominate a nurse:	In 500 words or less, please share the story of why this nurse is so special.	
Fill out the nomination form online at     MiddlesexHealth.org/Daisy		
2. Email your nomination to  daisy@midhosp.org. Make sure to add your name and phone to your email and indicate the name, the location and department of the nurse you are nominating.		
3. Fill out this form and leave it with a nurse, at the nurses station, or at the front desk. If in the Hospital, it may be dropped off at the front desk in the main lobby.		
4. Fill out this form and mail it to: Middlesex Health Nursing Administration – DAISY 28 Crescent Street Middletown, CT 06457		
Name of Nurse Deserving Recognition:		West and the second
Location/Department Where Nurse Works:		