F9990 (10-2026) swg

The DAISY Award
FOR EXTRAORDINARY NURSES

IN MEMORY OF J. PATRICK BARNES

Want to Say Thank You to Your Registered Nurse or Student Nurse?

Share your story!

The DAISY (**D**iseases **A**ttacking the **I**mmune **SY**stem) 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 known as "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 about how a nurse made a difference you will never forget!

Thank you for taking the time to thank your extraordinary registered nurse or student nurse!

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

☐ Please contact me if my nominee is chosen as a DAISY honoree so I may attend the celebration if available.

Name: _____

Phone Number: _____

Email: _____

The nominee consistently meets all of the following criteria:

Always has a positive attitude and demonstrates professionalism in the work environment.

Establishes a special professional connection with patients and families through trust, compassion and emotional support.

Excellent critical thinking and decision-making skills.

Works as a member of the interdisciplinary health care team to meet the needs of patients and families.

Significantly affected the life of a patient/family by going above and beyond.

Passionate about their job as a Fairfield Memorial Hospital nurse.

FAIRFIELD MEMORIAL HOSPITAL
DEACONESS ILLINOIS PARTNER

To Nominate an Extraordinary Nurse or Student Nurse...

Complete your nomination at fairfieldmemorial.org/DAISY. You may also place this form in one of our designated DAISY Award™ collection boxes or ask to speak with the charge nurse.

DAISY Award Nomination Form

Please identify the location of your nominee

☐ Deaconess Fairfield Memorial Hospital

Nursing Dept./Floor: _____

Nurse Name: _____, or

Student Nurse Name: _____

(Only one nomination per form)

I would like to thank my nurse and share my story of why this nurse is so special and went above and beyond.

_____

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More room on back ▶