

Family Advocacy Day Nomination Form Share your patients' stories!

What is Family Advocacy Day?

Family Advocacy Day brings together patients and families from children's hospitals across the country to advocate on behalf of their children's hospitals.

Who can be nominated to represent Akron Children's Hospital at Family Advocacy Day?

Children of all ages, races, ethnic backgrounds, and religions can be nominated regardless of their diagnosis and/or expected prognosis.

How can I nominate a child to represent Akron Children's Hospital at Family Advocacy Day?

Hospital staff are invited to share special stories about patients and their family members who would be good spokespersons and ambassadors for Akron Children's Hospital. To nominate a patient, complete the attached form and return it to Michael Wellendorf, Government Relations Specialist, at mwellendorf@akronchildrens.org. The nomination form will then be reviewed by the Government Relations staff, who will contact the nominator for additional information.

Please <u>do not notify the family</u> of their child's nomination until a final decision is made. This minimizes the expectations of the child and family regarding their possible participation in Family Advocacy Day. In addition, when making a nomination, strongly consider the family's willingness and ability to interact well with the media.

Please return nomination form by March 4.

Family Advocacy Day Nomination Form Do not notify the child's family of this nomination.

Nominator's name Ext	Department/Division E-mail address		
Child's approximate age (in years			
Child's current age:	<u> </u>		
Dates of treatment:	20through		_20
Child is: □ Male □ Female	Child's ethnic b	oackground	
Does the child use a wheelchair?	? □ Yes □ No		
Does the child require any medic so, please specify.	cal equipment/speci	al needs or special	travel accommodations? If
Is the child on Medicaid? □ Yes	□ No		
What is the specific name of the	child's illness or inj	ury?	
Describe the treatment the child any:	I received at Akron (Children's Hospital	, including rehabilitation, if
Was there anything unusual aborcompared to others with similar		erity of the illness/	injury in this child
What is this child's medical prog	nosis?		

Describe this child's personality, strengths, attitudes, school activities, special interests, future goals, etc.
What does this child do to make him/her stand out from the crowd? How has this child conquered his/her illness or injury and made a difference in his/her daily life and the lives of others?
Describe the child's family—will they be willing and able to interact well with the media?
Has the child's story been covered by the media to date? If so, to what extent?
Any additional comments:

Please return this form to:

Michael Wellendorf Government Relations Specialist Ext. 34794 mwellendorf@akronchildren.org