

Sports-Related Accident Report Form

INSTRUCTIONS

If you experience a sports-related injury, you and your Athletic Director should complete and email this form to Blue Cross and Blue Shield of Texas at **AcademicBlue_Mailbox@bcbstx.com**.

School Name	
Student Athlete Name	Student Phone
Social Security or Student Member ID Number	Date of Birth (mm/dd/yyyy)
Athletic Director/Trainer Name	Athletic Director/Trainer Phone
Athletic Director/Trainer Email	

TO BE COMPLETED BY THE STUDENT ATHLETE AND ATHLETIC DIRECTOR/TRAINER

- Was the injury for which you received services and are filing a claim the result of participating in a university-supervised sports-related activity for the University? Yes No
If no, the sports policy from BCBSTX does not provide coverage for this injury.
- Briefly describe the events leading up to the injury, how the injury occurred and exact location of the injury on the body.
- When did the accident occur? Date (mm/dd/yyyy): _____ Approximate Time: _____ AM PM
 Injury occurred during a university-supervised:
 Competition Practice Weight Training Conditioning Other _____
- Do you have other medical coverage? Yes No
If yes, attach a copy of the insurance information.

SIGNATURES

Student Athlete Signature	Student Athlete Printed Name	Date
Athletic Director/Trainer Signature	Athletic Director/Trainer Printed Name and Title	Date