



Sports/School Injury Information Form

Section A: Patient Information

Last Name:	First Name:	
Date of Birth:	SSN:	Date of Injury:

Section B: Injury & School Information

**In the space below, please provide a narrative of how your injury occurred.
If additional space is needed, please use the back side of this page.**

School Information

School Name:	School Phone#:
Sport Played:	<input type="checkbox"/> Junior High/Middle School <input type="checkbox"/> High School <input type="checkbox"/> College
Coach Name:	Athletic Director Name:

Section C: Claim Information

If your child has been injured during an organized school sport or activity, their school is required by Illinois law to provide an insurance policy that covers the student’s medical care. Before they are allowed to take a step on the field, student athletes, cheerleaders, or even marching band musicians are required to sign a waiver showing they understand the risks involved in the sport/activity and the requirements imposed by the state. Some schools even require a small fee paid by the student/parents to cover the costs of the insurance policy’s premium.

These plans can be used to **cover additional costs** for parents who carry insurance for the student, or they can **cover primary costs**, if the parents don’t have private insurance, or have minimal benefits, including but not limited to out of pocket costs related to high deductibles, co-insurance, co-pays or other non-covered services.

Claims should be initiated by the students parent(s) in conjunction with the coach and athletic director.

For additional information on this law, you can request the “Rocky’s Law” handout at our front desk.

Insurance Information

Date Claim was filed:	Claim#:		
Insurance Company:			
Phone#:	Fax#:		
Address:	City:	State:	Zip:

All information submitted on this form is true to the best of my knowledge. I understand any incorrect information submitted may result in a delay of my treatment. It is my responsibility to submit any changes to my claim information in a timely manner. I understand that I am financially responsible for all charges of services rendered to me including the balances of claims denied by any and all insurance policies.

Patient/Guardian Signature

Date

Information was not available at the time of first appointment.

Please take a copy of this form home in order to obtain all of the needed information, you can return the information in the following ways:

- Call our office to verbally provide the information prior to the next scheduled appointment. (708-263-2000)
- E-Mail the information to our office to the next scheduled appointment. (ChicagoSportsOrtho@gmail.com)
- Bring in this completed form to the next scheduled appointment, but please understand waiting until the next appointment may cause a delay in care, obtaining authorizations, ordering necessary durable medical equipment, etc.