

**RTP Protocol Form**

Please have the appropriate professionals sign this policy and make copies for the athletic office, nurse's/MD office, and athletic training room at your school. If you do not have the professionals below or more than the lines provided at your school district, please leave those blank or add them to the below section to sign.

Policy written by Tony Surace, M.Ed., ATC:

Date: 5/29/08

Revised: 1/7/10

Revised: 4/17/12

Revised: 7/29/12

Revised: 6/17/13

Revised: 9/19/17

Director of Sports Medicine at NFMCC/ affiliated with UB Orthopedics & Sports  
Medicine of Niagara  
Niagara Falls City School District: Section VI Concussion Management Team 2013

School Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

School Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Athletic Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Athletic Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

NF School Board President: \_\_\_\_\_ Date: \_\_\_\_\_