



March 2025

Dear Student and Parent,

Dr Rubin is proud to announce that this year is our 21th year providing an educational summer medical experience program for students in 9th grade through freshman college. The program will be on June 21st and repeated on June 22nd from 9:30 AM to approximately 6 PM. These programs are open to anyone, whether you live in Naperville, Chicago or even abroad, as long as you are willing to travel to Naperville IL. The program will be held at the Edward Hospital Education Center 3rd floor auditorium and Heart Hospital Conference rooms located at 801 S Washington St, Naperville, IL 6054. Students will have 3.5 hours of lecture, followed by 1 hour of lunch break, then 3 hours of hands-on experiences, followed by a 3/4 hour talk on healthcare careers. Upon exiting, students will receive a certificate of completion.

Students register for this program and are accepted on a first come first served basis. Just complete the online google form, then print and complete the attached consent, and mail it in with your program fee of \$300, or for a faster submission, you can email a scanned copy of your consent and Zelle the program fee to 6308655075, which will be identified as Ira (Dr Rubin's first name). There are no requirements, no essay, no teacher recommendation, and no interview.

Once received, we will email you and confirm your acceptance. If we do not have a spot for you, we will put you on a waiting list. Fees sent by Zelle will be returned if we don't have a spot for you. Checks mailed in will only be deposited once we have room for your student. Participation in this program has no bearing on acceptance to our winter Mini Medical School for High School Students program.

Your spot in the program is non-transferable. Any student unable to attend the program will be refunded \$250 as long as we are notified by June 1, 2025. We will provide a complete refund to every student if we are unable to run the program due to unforeseen circumstances.

Through this program, I hope to encourage you to study medicine.

Sincerely,

Ira S. Rubin, M.D., Ph.D.
Dr. Rubin's Mini Medical School
Attending Pediatrician, Naperville Pediatric Associates
1012 95th St, Suite
Naperville, IL 60564

www.minimedicalschool.com
DrRubin@MiniMedicalSchool.com

**Dr Rubin's Mini Medical Summer Experience Program
For High School Students**

**c/o Ira S. Rubin, M.D., Ph.D.
1012 95th St. Suite 7
Naperville IL 60564**



Student Name _____ **Email** _____

Student Phone Number _____

When do you want to attend? Check the appropriate circle below. (Students with no preference typically have a greater chance of being accepted since we can fit you in where we have space).

No preference Saturday June 21, 2025 Sunday June 22, 2025

Parental Permission to Participate / Photographic Release

(1) I, the undersigned **parent/ legal guardian** of the student named above, hereby give my consent for my student to participate in the Mini-Medical Experience Program. I understand that my student will be participating in several hands-on projects including taking blood pressure, examination of the ears and eyes, lungs, heart, injections and learning surgical knots and suturing. I understand that my student will be given the opportunity to perform these tasks as well as be a subject for examination by other students learning these tasks. I do not hold Dr. Rubin's Mini Medical School liable for any injury arising from my student's participation in the hands-on projects.

(2) I, the undersigned **parent/ legal guardian** of the student named above, hereby consent and authorize any lawful use and reproduction by Dr. Ira Rubin, of all photographs taken of my student during the Edward Mini-Medical School for High School Students Program. I understand that I, nor my student, will not be paid for such photographs, and I agree not to make any claims against Dr. Rubin relating to or arising out of the taking of the photographs or any authorized use of such photographs.

By signing here, I give permission for my student to attend the program and for Dr. Rubin to take and use photographs of my student for the purpose of supporting the program and my student.

Parent Signature _____ **Date** _____

WHEN COMPLETED

Attach your check for \$300.00 payable to Dr. Rubin's Mini Medical School. Mail it or drop it off to us in a sealed envelope. If upon arrival the front door is locked, slip the envelope under the door.

**Dr Rubin's Mini Medical School
C/O Naperville Pediatric Associates
1012 95th St. Suite 7
Naperville IL 60564**