



Dr. Rubin's Mini Medical School

c/o Ira S. Rubin, M.D., Ph.D.

1012 95th Street, Suite 7

Naperville, IL 60540

Student Name _____ **Email** _____

Parent Name _____ **Phone Number** _____

Acknowledgement of Student Participation

I, the undersigned **parent/ legal guardian of the student** named above, hereby consent to my students participation in the Dr.Rubin's Mini-Medical School Program for Middle School Students. I understand that all students will be participating in several hands-on projects including but not limited to measuring vital signs (temp, pulse, and blood pressure), examination of the eyes, ears, nose, mouth, lungs, heart, abdomen, and nerves, reading x-ray films, performing injections, IV insertion, intubation, splinting, casting, tying surgical and square knots, suturing lacerations and basic laparoscopic skills tasks. I understand that all students will be given the opportunity to perform these tasks but no student will be required to perform a task. I understand that my student will be in a hospital environment and will comply with the hospital CO ID mitigation rules like masking or vaccination. I understand that if I cannot comply, I will be offered a virtual experience.

I do not hold Dr. Rubin or Edward Hospital liable for any injury arising from my student's participation in the hands on projects.

I also understand that pictures will be taken during the program for the purposes of (1) documenting the program, (2) for the distribution to students attending the program for personal use and (3) for the lawful use of promoting our programs. Pictures provide all students definitive proof that all students actually performed the advanced medical and surgical procedures learned.

***Parent Signature** _____ **Date** _____

WHEN COMPLETED

Attach your check for \$250 payable to Dr. Rubin's Mini Medical School (address at top and bottom of letter). Mail it or drop it off to us in a sealed envelope. Acceptance is on a first come, first served basis. We will send a confirmation by email when we receive your consent and provide a letter of acceptance as long as we have a spot for your student.. The fee is non-transferable. If an accepted student for any reason decides to withdraw, the student will be refunded \$200 provided we are notified in writing by June 10th. We are not able to refund anyone past this date. The program fee is used to cover the expense of all the medical supplies used in the program and for the purchase of snacks and drinks. No meat products or nut products will be used. Please provide your child with snacks or drinks if your child has food restrictions other than meat or nuts.

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