



Dr. Rubin's Mini Medical School
c/o Ira S. Rubin, M.D., Ph.D.
1012 95th St. Suite 7
Naperville, IL 60565

Student Name _____ **Email** _____

Parent Name _____ **Phone Number** _____

When do you want to attend: Sunday July 14 I can not attend July 14 but wish to be on a waiting list for July 13.

Acknowledgement of Student Participation

I, the undersigned **parent/ legal guardian of the student** named above, hereby consent for my student to participate in the Dr. Rubin's Mini-Medical School Summer 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, lungs, heart, abdomen, and nerves, reading x-ray films, performing injections, IV insertion, intubation, 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. In addition, your student may be a subject for examination by other students learning these tasks.

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 they performed the medical and surgical procedures learned.

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

WHEN COMPLETED

Staple your check for \$250 payable to Dr. Rubin's Mini Medical School. Mail it to us in a sealed envelope. Alternatively, you can Zelle the fee to Dr Rubin's Phone: 6308655075 and email the consent to DrRubin@MiniMedicalSchool.com . Acceptance is on a first come, first served basis. We will send a confirmation by email when we receive your consent, online application, and the program fee. If we don't have a spot, no money will be deposited and the Zelle will be returned. 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 30, 2024. 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 water. 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. Mail your form and check to this address:

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