



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

Student Name _____ **Email** _____

Parent Name _____ **Phone Number** _____

This program is for students who, as of June 2025, have completed grades 5,6,7 or 8.

Parent Consent Form

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 clinical skills. I do not hold Dr. Rubin or Edward Hospital liable for any injury arising from my students' 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

Students are accepted once we receive their online form, parent consent and the program \$250 fee. Acceptance is on a first come/ first served basis. Please print this form, complete it and email a copy to DrRubin@MiniMedicalSchool.com . Then Zelle the \$250 fee to Dr Rubin's Phone: 6308655075. Alternatively, you can mail this form with an attached check to Dr. Rubin 1012 95th St. Suite 7, Naperville IL 60564. Please note: Mail takes 1-2 weeks for us to receive. We will send confirmation by email when we receive a complete application. 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 decides to withdraw, the student will be refunded \$200 provided we are notified in writing by June 30, 2025. 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.