



Dear Student and/or Parent,

Dr. Rubin is once again offering his Mini Medical School Summer Experience Program on Saturday June 25 at 1:30 PM and a second class on Sunday June 26, 2022 at 8:30 AM. The program will be held in the staff seminar rooms of the Edward-Elmhurst Outpatient Center located at 24600 West 127th St Building A, Plainfield, IL 60585.

Due to the pandemic, we are offering a blended program. Lectures will be streamed to the student's computer the week prior. Then student meet for one hands-on in person session. The program is designed to introduce motivated students to the fields of medicine and surgery. All students entering high school though college are encouraged to apply.

There are no requirements; no essay, no teacher recommendation and no interview. Students must apply online and then mail the consent form below with a program fee. Once received, we will email you back to confirm you are registered in the program.

After submitting the online form, simply print the form below, fill it out and attach a check for your program fee of **\$300** made payable to Dr. Rubin's Mini Medical School. Please mail it back to me to the address on top of the form. The program fee covers our expenses and includes the cost of medical supplies needed, water, snacks (nut and meat free) and a certificate. **Your registration is non-transferable.**

Given the COVID19 Pandemic is improving but no one really can predict our future, if we are unable to run our program, we will offer all students a full refund or the choice of attending our next program. Otherwise, students accepted but not able to attend the program will be refunded \$250 as long as we are notified by June 1, 2022. There is no refund if you change your plans after June 1st. We will send a confirmation to you by email when we have reserved your spot in the class.

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
10 West Martin Ave. Suite 2
Naperville, IL 60540

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Mini Medical School Summer Experience

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

1012 95th Street, Suite 7

Naperville, IL 60564

Student Name _____ Email _____

Student Phone Number _____

Which program do you want to attend? Check date and if in person or virtual

No Preference In person or virtual mode

Saturday June 25 at 1:30 PM to 6 PM In person or virtual mode

Sunday June 26 at 8:30 AM to 1 PM In person or virtual mode

***Students 18 years and older may consent for themselves and sign.**

Acknowledgement of Student Participation

I, the undersigned **parent/ legal guardian or student** named above, hereby consent to participate in the Mini-Medical School Summer Experience Program at the Edward-Elmhurst Plainfield Outpatient conference rooms. 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, interpreting EKG's, performing injections, IV insertion, intubation, normal newborn delivery, splinting, casting, tying surgical and square knots, suturing lacerations and basic laproscopic 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, students 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 or 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 \$300 payable to Dr. Rubin's Mini Medical School. Mail it to us in a sealed envelope. We will send a confirmation by email. The fee is non-transferable. In the event that we are unable to run the program due to the pandemic, we will give you the choice to attend our next program or receive a full refund. Mail this form and program fee check to:

Dr Rubin's Mini Medical School
1012 95th Street, Suite 7
Naperville IL 60564