



**Dr Rubin's Mini Medical School For Elementary School Students
Health Professions Careers Program**

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

Date _____

Parent Name _____ Student Name _____

Parent Phone _____ Parent Email _____

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 Dr. Rubin's Mini Medical School Health Professions Career Program for Elementary School Students. 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 but is not required to do so. 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 Do the Following

- 1) Scan this form and email a copy to DrRubin@MiniMedicalSchool.com
- 2) Please send your program fee using Zelle to Dr Rubin's Cell Phone Number: 6308655075
- 3) If you do not use Zelle, email a copy to Dr Rubin and then print the form, attach a check for \$20 made to Dr. Rubin's Mini Medical School and mail it to the address on top of this form.