



March 2026

Dear Student and Parent,

Dr Rubin is proud to announce that this year is our 22-year providing an educational summer medical experience program for students in 9<sup>th</sup> grade through freshman college. The program will be on July 11<sup>t</sup> and repeated on July 12 from 9:30 AM to approximately 6 PM. These programs are open to anyone, whether you live in Naperville, Chicago or even abroad, as long as you are willing to travel to Naperville IL. The program will be held at the Edward Hospital Education Center 3<sup>rd</sup> floor auditorium and Heart Hospital Conference rooms located at 801 S Washington St, Naperville, IL 6054. Students will have 3.5 hours of lecture, followed by 1 hour of lunch break, then 3 hours of hands-on experiences, followed by a 3/4 hour talk on healthcare careers. Upon exiting, students will receive a certificate of completion.

Students register for this program and are accepted on a first come first served basis. Just complete the online google form, then print and complete the attached consent, and mail it in with your program fee of \$300, or for a faster submission, you can email a scanned copy of your consent and Zelle the program fee to 6308655075, which will be identified as Ira (Dr Rubin's first name). There are no requirements, no essays, no teacher recommendations, and no interview.

Once received, we will email you and confirm your acceptance. If we do not have a spot for you, we will put you on a waiting list. Fees sent by Zelle will be returned if we don't have a spot for you. Checks mailed in will only be deposited once we have room for your student. Participation in this program has no bearing on acceptance to our winter Mini Medical School for High School Students program. Your spot in the program is non-transferable. Any student unable to attend the program will be refunded \$250 as long as we are notified by July 1, 2026. We will provide a complete refund to every student if we are unable to run the program due to unforeseen circumstances.

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  
1012 95<sup>th</sup> St, Suite  
Naperville, IL 60564



## Dr Rubin's Mini Medical Summer Experience for HS Students

c/o Dr. Ira Rubin  
1012 95<sup>th</sup> St. Suite 7  
Naperville IL 60564

DrRubin@MiniMedicalSchool.com

Student Name \_\_\_\_\_ Email \_\_\_\_\_

Student Phone Number \_\_\_\_\_

When do you want to attend? Check the appropriate circle below. (Students with no preference typically have a greater chance of being accepted since we can fit you in where we have space).

No preference     Saturday July 11, 2026     Sunday July 12, 2026

### 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 the Mini-Medical Experience Program. 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 as well as be a subject for examination by other students learning these tasks. 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

Email or fax a completed copy to me. ([DrRubin@MiniMedicalSchool.com](mailto:DrRubin@MiniMedicalSchool.com) or fax to 888-725-0506). Then, Zelle the program fee of \$300 to my cell: 6308655075 or mail a check to my address posted above with a copy of your consent form. Please note that students accepted into the program and for any reason are unable to attend, will be refunded \$250 as long as we are notified in writing by July 1, 2026.