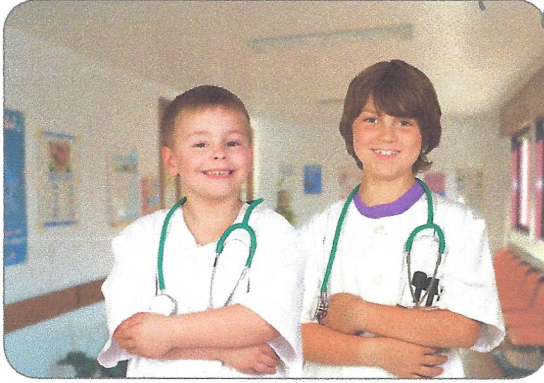


# Little Medical School® Elementary

*Shaping the future of medicine.*



Little Medical School® INSPIRES and encourages Elementary children to role play and explore the exciting world of Medicine and Science. Using interactive demos, crafts and games, kids learn and have fun as they dress up like DOCTORS, learn how to use instrument doctors use, and understand how the body works!

Our proven curriculum is FUN, EXCITING and EDUCATIONAL. Your child will learn about the importance of health and how to take care of his/her body!



**Lessons include:**

- What's in the Doctor's bag? **{ REGISTER NOW! }**
- What does my heart do and how to listen to my heart beat?
- How do my muscles and nerve work?
- How do my lungs work?
- How does my body digests food?
- What do surgeons do? Get ready for surgery!
- Medical Fun, Design your own Clinic and Graduation!



School: Kamehameha School (K-3<sup>rd</sup> Grade) Dates: Sept 10<sup>th</sup> – Dec 10<sup>th</sup> (no class 10/8, 11/12)

Day & Time: Monday 2.30pm – 3.30pm Tuition & Supply Kit: \$195 (12 classes)

Supply Kit includes Stethoscope, White coat, ID badge, Physical Exam Form, Heart Worksheet, Human Body Sticker Set, Surgical Kit, Gloves, Mask, Bingo Card, Design your own office worksheet, Diploma more!

Option 1: Enroll online at [littlemedicalschoo.com/oahu](http://littlemedicalschoo.com/oahu) and pay online; Option 2: Complete form and send payment to 1893 Alaweao St. HNL HI 96821. Make check to Little Medical School Oahu or pay online.

Student Name: \_\_\_\_\_ Email (must have): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Class: \_\_\_\_\_ Allergy: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature acknowledges that you agree to the waiver and policies listed below. I hereby give consent to Little Medical School Oahu (LMSO) for my child to participate in this program. This agreement releases LMSO from all liability relating to injuries that may occur by using stethoscope, mortal and pestle, blood pressure cuff, or any equipment used in classes. By signing this agreement, I agree to hold LMSO entirely free from any liability including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I acknowledge the risks involved in using a stethoscope. These include but are not limited to ear infections, blown ear drums, wrapping stethoscope around the neck, and yanking of stethoscope causing injury. I swear that I am participating voluntarily and that all risks have been made clear to me. Additionally, I do not have any condition that will increase my likelihood of experiencing injuries while engaging in this activity. In case of emergency involving my child, I give permission for the School Program staff to seek emergency medical treatment for my child and act as guardian in permitting medical treatment if unable to reach me. I understand that all emergency and/or medical costs are my responsibility. I do hereby consent and agree that LMSO has the right to take photographs of my child to use these photos on company website ([littlemedicalschoo.com/oahu](http://littlemedicalschoo.com/oahu)), company Facebook pages and promotional material without compensation. By signing this enrollment form, I forfeit all rights to bring a lawsuit against LMSO for any reason.

Register at [littlemedicalschoo.com/Oahu](http://littlemedicalschoo.com/Oahu) | 808-639-7572  
Follow us [facebook.com/littlemedicalschoooloahu](https://facebook.com/littlemedicalschoooloahu) | [sue@littlemedicalschoo.com](mailto:sue@littlemedicalschoo.com)