

**Mt. Diablo Unified School District
HOME & HOSPITAL**

1026 Mohr Lane, Concord, CA 94519 Phone: (925) 685-1011 x 62016

Email: homehosp@mdusd.org

**August 2026 – June 2027
Parent Authorization for Release of Information
OUT OF DISTRICT STUDENT**

Student Last Name _____ Student First Name _____ ☐ M ☐ F ☐ N

Grade: _____ DOB: ____ / ____ / ____ Student Language: _____

Address _____ City _____ Zip _____

Does student have a current IEP? ☐ Yes ☐ No

If yes, please include a copy.

Section 504 Plan? ☐ Yes ☐ No Condition related to Sec. 504 Plan _____

Last School of Attendance _____ Phone () _____

Registrar (or Attendance Secretary) Email _____ Name or Extension _____

Parent/Guardian _____ Parent/Guardian Language _____

Parent/Guardian Phone () _____ Parent/Guardian Email _____

IMPLEMENTATION OF SERVICE

HOME TEACHING – Home & Hospital will provide up to five (5) hours of instruction per week in a manner consistent with California laws governing home teaching. A responsible adult (18 years of age or older) must be present. The student will be served using virtual distance learning protocols.

By signing this authorization for service, the parent/guardian agrees to the following:

- Educational services will be temporarily provided by H&H based on student eligibility.
- The last school of attendance will be notified that the student will receive services from MDUSD H&H.
- H&H services may not be able to provide instruction for all academic subjects.
- The student must be flexible with teaching times due to student and teacher schedules.

**PARENT/LEGAL GUARDIAN AUTHORIZATION TO RECEIVE/RELEASE MEDICAL AND ACADEMIC INFORMATION
AND TEMPORARILY TRANSFER EDUCATIONAL DUTIES:**

Parent Signature

Date

A transcript and a current class schedule is required from the student's school of current enrollment.

Please complete this form and submit it as an attachment by email to Home & Hospital at homehosp@mdusd.org.

To save the completed form, please select print and save as pdf.