



UNACCOMPANIED MINOR FORM

PASSENGER INFORMATION				BOOKING REF No:	
Child's name			Date of birth		Age
Date of travel		Flight No.		ETD	
Departing from			Arriving at		
Special Instructions (Allergies/medications)					

PERSON AUTHORISING TRAVEL (PARENT/GUARDIAN)

Name			Contact No.	
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DECLARATIONS OF PARENT/GUARDIAN:

I am the parent/guardian of the Child referred to above (Child). I have legal responsibility for the Child and am able to make this declaration and give permission for him/her to travel unaccompanied. In consideration of the carrier agreeing to carry the Child unaccompanied, I make the declaration set out below:

- (1) I confirm that I have arranged for the Child to be escorted at departure and collected on arrival by the persons mentioned below. The person assigned by me to escort the Child at departure has been instructed to remain at the airport until the flight has departed. The person assigned by me to collect the Child on arrival has been instructed to attend the airport at the scheduled arrival time of the flight (or any other time as advised by or on behalf of Skytrans) and will be required to produce identification to collect the Child. I agree that I am solely responsible for making sure these instructions are complied with.
- (2) I confirm that all information provided on this form including the "Special Instructions: (Allergies/Medication)" of the Child (if any) referred to above have been inserted by me and are accurate and complete in all respects and I agree that Skytrans together with each of their officers, agents and employees are not responsible for administering any medication to the Child or are in any way liable in respect of the administration (or non- administration) of such medication.
- (3) Should the Child not be collected on arrival at the relevant time and/or should one or more of the relevant flight/s be cancelled, delayed or diverted for any reason (including the flight being diverted to an airport other than the scheduled arrival airport), I authorize Skytrans to take whatever action they consider appropriate to care for the Child, including to return the Child to the airport of original departure. I agree to reimburse Skytrans, including their agents for all costs associated with such care, including but not limited to the costs of transportation, meals, accommodation, phone calls and the costs of providing a carer for the Child.
- (4) To the maximum extent permissible by law, I agree to indemnify and hold harmless Skytrans together with each of their officers, agents and employees against all claims made by or on behalf of the Child and/or any other person arising out of the Child's travel and/or care.
- (5) I consent to my and the Child's personal information on this form being used or disclosed to the "Person Picking Up At Arrival", or in any other way pursuant to the Skytrans Privacy Policy.

Signature			Date	
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PERSON DROPPING OFF AT DEPARTURE

Name			
Contact No.		Relationship to Child	
Signature			

PERSON PICKING UP AT ARRIVAL

Name			
Contact No.		Relationship to Child	
Signature			

SKYTRANS USE ONLY

CHECKIN AGENT (DEPARTURE) TO COMPLETE	CABIN CREW TO COMPLETE ON BOARDING	GH AGENT (ARRIVAL) TO COMPLETE IF CHILD HANDLED OVER FROM CABIN CREW	CABIN CREW OR GH AGENT (ARRIVAL) TO COMPLETE ON RELEASE
Pickup person contacted Yes / No	UMNR Badge Yes / No		ID Sighted Yes / No
Name	Name	Name	Name
Date/Time	Date/Time	Date/Time	Date/Time
Signature	Signature	Signature	Signature