

UNACCOMPANIED MINOR FORM



Unaccompanied Minor's Details	
Child's Name	Date
DOB	Flight Number
Departure Port	Seat Number
Arrival Port	Number of Bags

Does the Unaccompanied Minor suffer from any illness, injury and or allergies that you believe our staff and crew should be made aware of? If so, please provide details.

Contact Details of Parent / Guardian at Departure Port	
Parent / Guardian Name	Phone
Relationship to UM	Mobile

Contact Details of Parent / Guardian at Arrival Port	
Parent / Guardian Name	Phone
Relationship to UM	Mobile

If applicable, provide an alternative name of the person collecting the unaccompanied minor.

Parent / Guardian Name	Phone
Relationship to UM	Mobile

DECLARATION TO BE COMPLETED BY PARENT / GUARDIAN OF UNACCOMPANIED MINOR

I _____ have received _____,
into my care and absolve Alliance Airlines of any further responsibility for his / her care.

Signature _____ Date _____

Name of the Flight Attendant, Customer Service Officer or Airport Ground Handling Agent that has verified the photo identification of the person receiving the unaccompanied minor.

Name	Photo Identification Details
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Form Retention

- 1 x copy to be retained for flight departure file
- 1 x signed copy to be retained for flight arrival file

FORM: PPM005 Unaccompanied Minor
V4 – 01 January 2016

