

5.3 UNNACCOMPANIED MINOR FORM

Complete all details in **Section A, B, & C.**

Complete & sign **Section D**

Keep the form with the related e-ticket – you will need it at check-in

One form is required per one-way journey

BOOKING REFERENCE:

Section A – Unaccompanied Minor Details

| First Name | Family or Surname | Age | Gender |
|------------------------------|-------------------|-----|--------|
| | | | |
| | | | |
| | | | |
| Special Instructions: | | | |

Section B – Flight Details

| Flight No | Flight Date | From | To | Departure Ground Staff | Flight Crew | Arrival Ground Staff |
|-----------|-------------|------|----|------------------------|-------------|----------------------|
| | | | | | | |

Section C – Contact Details

| | Name | Contact Phone No | Signature |
|------------------------|------|------------------|-----------|
| Drop-off person | | | |
| Pick-up person | | | |

Section D – Declaration of Parent / Guardian

| | |
|--|---|
| 1. I confirm that I have arranged for the drop-off person named in Section C to remain at the departure airport until the flight has departed. | Parent or Guardian |
| 2. I confirm that I have arranged for the pick-up person named in Section C to be at the arrival airport by the scheduled arrival time of the flight and that they will have suitable photo identification with them. | |
| 3. Should the minor(s) not be met at the destination, or if Air Chathams is not satisfied with the pick-up persons identification, I authorise Air Chathams to take whatever action they consider reasonably necessary to ensure the minor(s) safe custody, including return of the minor(s) to the airport of departure, and I agree to indemnify & reimburse Air Chathams for the costs & expenses incurred by them in taking such action. | Relationship to minor(s): |
| 4. I confirm that the minor(s) will NOT require special services such as toileting, feeding and administration of medication, or has an allergy or medical condition not already notified to Air Chathams. Where I have given special instructions on this form I acknowledge that while Air Chathams will make reasonable efforts to carry out such Instructions Air Chathams shall have no liability for doing so, or failing to do so. | Address: |
| 5. I understand that Air Chathams cannot undertake to safeguard nor will Air Chathams be responsible for any valuables the minor(s) may be carrying. | Phone No. |
| 6. I confirm that I can be contacted at any time on the telephone number(s) listed in Section C or D without delay while the minor(s) named above are in Air Chathams care. | Mobile No. |
| 7. I hereby empower and grant to Air Chathams permission to provide and/or authorise medical treatment for the minor(s) named above, if the minor(s) requires immediate medical treatment while in Air Chathams care. I understand that prior to medical treatment (including emergency medical treatment) being provided to the minor(s), Air Chathams will use reasonable efforts to contact the Parent/Guardian on the telephone number(s) listed in Section D. I agree to indemnify and hold harmless Air Chathams and any other person who act in reliance upon this authorisation. | <ul style="list-style-type: none"> I declare I am the legal Parent or Guardian, or I am authorised by the legal Parent or Guardian of the minor(s) named in Section A I agree to and request the minor(s) travel alone. I certify that the information provided on this form is accurate. I have read, understood and accepts points 1 to 8 |
| 8. I understand that Air Chathams does not offer a handover service to/from other airlines, so I will arrange for delivery and/or collection of the minor(s) before and after all Air Chathams flights. | Signature: Date: |

A copy of this completed form is to be held at Air Chathams office for 30 days after travel