

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

Photo identification of Parent / Guardian sighted at arrival port

GHA / FA who collected child from Parent / Guardian at Departure Port	
Name	Signature
Cabin Manager who received child at Aircraft	
Name	Signature
GHA / FA who signed child over to Parent / Guardian at Arrival Port	
Name	Signature

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 _____

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
v1.1 – 03 Feb 2017

