

One form is required per child per flight. This form is to travel with the Child

Details of Unaccompanied Minor		Flight Details	
Childs Name:		Flight Number:	
Gender :		Date:	
Age:		Origin:	
Special requirements e.g., allergies		Destination:	
Person delivering UMNR to Airport for departure			
Full Name :		Contact details:	
Relationship to Child :		(m)	
Address:		(w)	
Signature on Drop off: *			
Airport Agent/Cabin Crew who collected child from parent or guardian at departure port			
Name :		Signature *	
Cabin Manager who received the child at the aircraft			
Name:		Signature *	
Airport Agent who collected child from Cabin Manager on arrival (if applicable)			
Name:		Signature *	
Person meeting UMNR on Arrival			
Full Name :		Contact details	
Relationship to Child		(m)	
Address		(w)	
Signature on Collection: *		ID Checked on arrival <input type="checkbox"/>	
<u>This form is to be collected and held on the Arrival Ports Station File</u>			
Declaration of Parent or Guardian (Main Contact)			
<ol style="list-style-type: none"> 1. I confirm the person dropping off the child will remain at the airport until the flight is airborne and the person meeting the child at the destination, will be at the airport by the scheduled arrival time. 2. If the child is not met at the destination, I authorise the carrier to take whatever reasonable steps it considers necessary and to notify me of the steps taken, which may include returning the child(ren) to the airport of departure; and I agree to reimburse the carrier for any costs it may reasonably incur in taking such action. 3. I understand that the child’s travel is subject to the applicable carrier's conditions of carriage (available on carrier's website) and applicable laws, including security screening which may include the use of body scanners. 4. I confirm that all the information given on this form is correct; and I can be contacted at any time on without delay while the child named below is in Alliance Airlines care. <p>I have read and understood all the above numbered points. <input type="checkbox"/></p>			
Full Name :		Address:	
Signature *		Date:	
Phone (m)		Phone(H)	