

UNACCOMPANIED MINOR

Child's name:	
Flight number:	Date:
Departure point:	Destination:
Seat number:	No of items of baggage:

Contact Details of Parent/Guardian handing over the U.M. passenger to Strategic Airlines

Name:	Signature:
Address:	
Telephone no:	Mobile:
Relationship to passenger:	
Type of I.D. Presented & Details:	

Contact Details of Parent/Guardian collecting the U.M. passenger at their destination

Name:	
Address:	
Telephone no.	Mobile:
Relationship to passenger:	
Type of I.D. Presented & Details:	

If applicable, please provide the details of an alternative person collecting the U.M. passenger at their destination, who is / are not directly related to the U.M.

Name:	
Address:	
Telephone no.	Mobile:
Relationship to passenger:	
Type of I.D. Presented & Details:	

Does the child suffer from any injury or illness that you believe our staff should be aware of? If so, please provide details.

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DECLARATION TO BE COMPLETED BY PERSON COLLECTING CHILD:

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

Signature: Date:

Flight Attendant or Ground CSO that has verified identification of person collecting child:

Name: Date: