



Complete all the details in Section 1,2, 3 and 4.
 Keep the form with the eTicket as you will need it for check-in
 One form is required per one way flight.

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| BOOKING NUMBER: ----- |
|-----------------------------|

1. UNACCOMPANIED MINOR PERSONAL DETAILS

| FIRST NAME | FAMILY OR SURNAME | AGE | GENDER |
|---------------------------|-------------------|-----|--------|
| | | | |
| | | | |
| | | | |
| ANY SPECIAL INSTRUCTIONS: | | | |

2. FLIGHT DETAILS

| FLIGHT NO. | FLIGHT DATE | FROM | TO | GROUND STAFF DEP | FLIGHT CREW | GROUND STAFF ARR |
|------------|-------------|------|----|------------------|-------------|------------------|
| | | | | | | |
| | | | | | | |

3. CONTACT DETAILS

| | NAME | ADDRESS | CONTACT PHONE NO | SIGNATURE |
|-----------------|------|---------|------------------|-----------|
| DROP OFF PERSON | | | | |
| PICK UP PERSON | | | | |

4. PARENT/ GUARDIAN DECLARATION

| PARENT OR GUARDIAN | |
|---|---|
| NAME: | |
| RELATIONSHIP TO MINOR (S): | |
| CONTACT PHONE NO | |
| <ul style="list-style-type: none"> I Declare that I am the legal guardian or that I am authorised by the legal guardian of the minor (s) named above I request for the minor (s) to travel alone I certify that the information provided in this form is true and accurate I have read, understood and agree to points a-g (right). Signature (Legal Guardian) _____ | <ul style="list-style-type: none"> a. I confirm that I have arranged for the drop of person named on this form to remain at the airport until the flight has departed. b. I confirm that I have arranged the pick up person named on this form to be at the destination airport by the scheduled arrival time and that they will have suitable photo identification with them. c. If the minor (s) are not met at the destination airport or Sounds Air is not satisfied with the pick up persons identification, I authorise Sounds Air to take the actions they deem reasonable to ensure the safe custody of the minor (s) including returning of the minor (s) to the airport of departure. I agree to reimburse and indemnify Sounds Air for all costs and expenses incurred by doing so. d. I understand that Sounds Air will not take on any responsibility for valuables the minor (s) may be carrying e. I can confirm that I will be contactable at any time the minor (s) are in Sounds Air's care on either the numbers listed in section 3 or 4. f. I hereby empower and grant to Sounds Air permission to provide and/or authorize medical treatment for the minor(s) named above, if the minor(s) requires immediate medical treatment while in Sounds Air care. I understand that prior to medical treatment (including emergency medical treatment) being provided to the minor(s), Sounds Air will use reasonable efforts to contact the Parent/Guardian on the telephone number(s) listed in Section 4. I agree to indemnify and hold harmless Sounds Air and any other person who act in reliance upon this authorization. g. I understand that Sounds Air does not hand over minor (s) to other airlines. |
| THANK-YOU FOR FLYING WITH SOUNDS AIR. IF YOU NEED ANY HELP WITH THIS FORM PLEASE CALL US ON 0800 505 005 OR VISIT WWW.SOUNDSAIR.COM | |