

UNACCOMPANIED MINOR FORM
(Fill out & bring 3 copies to the airport)

Fly All Ways

MINOR PERSONAL DATA							
NAME	AGE	M/F	FLIGHT	FROM	TO	SEAT	ALLERGIES/MEDICAL CONDITIONS
1.							
2.							

ADDITIONAL INFORMATION (SPECIAL SERVICE REQUEST / LANGUAGES SPOKEN / OTHERS)	
	SPECIFY ADDITIONAL INFORMATION/ REQUEST
1.	
2.	

PARENT/GUARDIAN AT DEPARTURE	PARENT/GUARDIAN AT ARRIVAL
<hr/> First / Last name	<hr/> First / Last Name
<hr/> Address	<hr/> Address
<hr/> City / Country	<hr/> City / Country
<hr/> Phone Number	<hr/> Phone Number
<hr/> Parent / Guardian Signature	<hr/> Parent / Guardian Signature

<i>Fly All Ways</i> TO COMPLETE		
Origin Airport Agent	Cabin Crewmember	Destination Airport Agent
<hr/> Name	<hr/> Name	<hr/> Name
<hr/> Signature	<hr/> Signature	<hr/> Signature

DISCLAIMER
As the guardian / parent of the Child / Children, I agree that the Child / Children named on this form be carried as Unaccompanied Minor by Flyallways. I certify that the information I'm providing is correct. I confirm that I have arranged for the Child / Children to be met upon arrival by the Guardian / Parent listed above. If the Child / Children is/are not met at destination, I authorize Flyallways to take whatever actions it considers necessary to ensure the Child / Children safe custody, including returning the Child / Children to the destination of departure. I agree to reimburse Flyallways any cost it may incur taking such action and hold harmless from and against all claims resulting from taking such action. I confirm that the Child / Children has all necessary travel documents, as well as enough funds to pay any transit fees / taxes required by applicable by each country to which the Child / Children is travelling. Flyallways is not responsible for any missing or expired travel documents.

I have read and understand the rules for Unaccompanied Minors travelling with Flyallways.

<hr/> Parent / Guardian Name	<hr/> Signature
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