

UNACCOMPANIED MINOR FORM

UNACCOMPANIED MINOR – REQUEST FOR TRANSPORT

Please complete this form and give to Master of the vessel

Full Name of Child:	<input type="text"/>		
	<i>Given name (s)</i>	<i>Nickname</i>	<i>Family or surname</i>
Permanent address:	<input type="text"/>		
Phone number:	<input type="text"/>		
1. FERRY SERVICE DETAILS			
Date:	<input type="text"/>	Time:	<input type="text"/>
From:	<input type="text"/>	To:	<input type="text"/>
2. DROP OFF CONTACT DETAILS			
Name:	<input type="text"/>		
Address:	<input type="text"/>		
Phone number:	<input type="text"/>		
3. PICK UP CONTACT DETAILS			
Name:	<input type="text"/>		
Address:	<input type="text"/>		
Phone number:	<input type="text"/>		

DECLARATION OF PARENT OR GUARDIAN

- I confirm that I have arranged for the above-mentioned child to be met at the destination on arrival of the service by the persons named.
- Should the minor not be met at the destination, I authorise the carrier to take whatever action they consider necessary to ensure the minor's safe custody including return of minor to the port of original departure, and I agree to indemnify and reimburse the carrier(s) for the costs and expenses incurred by them in taking such action.
- I, the undersigned parent or guardian of the above-mentioned minor certify that the information provided is accurate.

RELEASE FROM CARE:	<input type="text"/>	PARENT/GUARDIAN:	<input type="text"/>
	<i>(Signature for release from care)</i>		<i>(Signature of parent/guardian)</i>
DATE:	<input type="text"/>		
	<i>DD / MM / YY</i>		