

Complete all details in Section A, B, & C.
Complete & sign Section D. Keep the form with the related e-ticket – you will need it at check-in
One form is required per one-way journey

BOOKING REFERENCE:

Section A – Unaccompanied Minor Details

First Name	Family or Surname	Age	Gender
Special Instructions:			

Section B – Flight Details

Flight No	Flight Date	From	To	Departure Ground staff	Flight Crew	Arrival Ground Staff

Section C – Contact Details

	Name	Contact Phone No	Signature
Drop-Off Person:			
Pick-Up Person:			

Section D – Declaration of Parent/Guardian

<ol style="list-style-type: none"> 1. I confirm that I have arranged for the drop-off person named in Section C to remain at the departure airport until the flight has departed. 2. I confirm that I have arranged for the pick-up person named in Section C to be at the arrival airport by the scheduled arrival time of the flight and that they will have suitable photo identification with them. 3. Should the minor(s) not be met at the destination, or if Barrier Air is not satisfied with the pick-up person’s identification, I authorise Barrier Air to take whatever action they consider reasonably necessary to ensure the minor(s) safe custody, including return of the minor(s) to the airport of departure, and I agree to indemnify & reimburse Barrier Air for the costs & expenses incurred by them in taking such action. 4. I confirm that the minor(s) will NOT require special services such as toileting, feeding and administration of medication, or has an allergy or medical condition not already notified to Barrier Air. Where I have given special instructions on this form I acknowledge that while Barrier Air will make reasonable efforts to carry out such instructions Barrier Air shall have no liability for doing so, or failing to do so 5. I understand that Barrier Air cannot undertake to safeguard nor will Barrier Air be responsible for any valuables the minor(s) may be carrying. 6. I confirm that I can be contacted at any time on the telephone number(s) listed in Section C or D without delay while the minor(s) named above are in Barrier Air’s care. 7. I hereby empower and grant Barrier Air permission to provide and/or authorise medical treatment for the minor(s) named above, if the minor(s) requires immediate medical treatment while in Barrier Air’s care. I understand that prior to medical treatment (including emergency medical treatment) being provided to the minor(s), Barrier Air will use reasonable efforts to contact the Parent/Guardian on the telephone number(s) listed in Section D. I agree to indemnify and hold harmless Barrier Air and any other person who act in reliance upon this authorisation. 8. I understand that Barrier Air does not offer a handover service to/from other airlines, so I will arrange for delivery and/or collection of the minor(s) before and after all Barrier Air flights. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Name:</td> </tr> <tr> <td style="padding: 5px;">Relationship to minor(s):</td> </tr> <tr> <td style="padding: 5px;">Address:</td> </tr> <tr> <td style="padding: 5px;">Phone:</td> </tr> <tr> <td style="padding: 5px;">Mobile Phone:</td> </tr> <tr> <td style="padding: 5px;"> I declare that I am the legal guardian or I am authorised by the legal guardian of the minor(s) named above and: <ul style="list-style-type: none"> ▪ I agree to and request that the minor(s) travel alone ▪ I certify that the information provided in this form is accurate ▪ I have read, understood and accept points 1 – 8 </td> </tr> <tr> <td style="padding: 5px;">Legal Guardian Signature:</td> </tr> <tr> <td style="padding: 5px;">Date:</td> </tr> </table>	Name:	Relationship to minor(s):	Address:	Phone:	Mobile Phone:	I declare that I am the legal guardian or I am authorised by the legal guardian of the minor(s) named above and: <ul style="list-style-type: none"> ▪ I agree to and request that the minor(s) travel alone ▪ I certify that the information provided in this form is accurate ▪ I have read, understood and accept points 1 – 8 	Legal Guardian Signature:	Date:
Name:									
Relationship to minor(s):									
Address:									
Phone:									
Mobile Phone:									
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Date:									

If you need assistance completing this form, please contact Barrier Air – 0800 900 600

This form is to be retained for 3 years from date of completion