

Unaccompanied Minor Travel Waiver

MINOR INFORMATION

Minor's Full Name: _____

Date of Birth: _____

Gender: _____

Passport/ID Number: _____

Nationality: _____

TRAVEL INFORMATION

Travel Date(s): _____

Flight/Trip Number(s): _____

Departure Location: _____

Destination: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Minor: _____

Contact Number: _____

Email Address: _____

Address: _____

RECEIVING ADULT AT DESTINATION

Name: _____

Relationship to Minor: _____

Contact Number: _____

Address at Destination: _____

WAIVER & CONSENT

I, the undersigned parent/legal guardian, authorize the above-named minor to travel unaccompanied by adult and release the carrier/agency of liability. I confirm that all information provided above is true and correct. I consent to emergency medical treatment if necessary.

Parent/Guardian Signature

Date _____

This form must accompany the minor during travel.
Please attach a copy of the minor's passport/ID and any applicable travel documents.