

CARRIAGE OF UNACCOMPANIED MINOR

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UNACCOMPANIED MINOR – REQUEST FOR TRANSPORT

Please complete this form and give to Master of the Vessel

Full name of child			
	Given names (s)	Nickname	Family or surname
Permanent address			
Phone number			

1. FERRY SERVICE DETAILS

Date:

From:

To:

2. PERSON SEEING OFF ON DEPARTURE

Name	
Address	
Phone number	

3. PERSON MEETING ON ARRIVAL

Name	
Address	
Phone number	

DECLARATION OF PARENT GUARDIAN

- A.** 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.
- B.** 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.
- C.** I, the undersigned parent or guardian of the above-mentioned minor certify that the information provided is accurate.

RELEASE
FROM CARE

SIGNATURE FOR RELEASE FROM CARE

PARENT OR
GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

MM

DD

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