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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 |  |

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| 1. **FERRY SERVICE DETAILS** | | | | | | |
| Date: |  | From: |  | To: |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| 1. **PERSON SEEING OFF ON DEPARTURE** | |
| Name |  |
| Address |  |
| Phone number |  |
| 1. **PERSON MEETING ON ARRIVAL** | |
| Name |  |
| Address |  |
| Phone number |  |

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| **DECLARATION OF PARENT GUARDIAN**   1. 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. 2. 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. 3. I, the undersigned parent or guardian of the above-mentioned minor certify that the information provided is accurate. | | | | |
| **RELEASE FROM CARE** |  |  | **PARENT OR GURADIAN** |  |
|  | SIGNATURE FOR RELEASE FROM CARE |  |  | SIGNATURE OF PARENT/GUARDIAN |

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| --- | --- | --- | --- | --- | --- |
| DATE |  |  |  |  |  |
|  | MM |  | DD |  | YY |