

UNACCOMPANIED CHILD FORM

NAME OF CHILD:				AGE:		
PERSON MEETING CHILD:		DESTINATION	RETURN TRIP			
DESTINATION PHONE:	HOME:			BUSINESS:		
RETURN TRIP PHONE:	HOME:			BUSINESS:		
PARENT/GUARDIAN/ CUSTODIAN NAME:						
ADDRESS:			CITY: _		STATE:	ZIP:
PHONE:	HOME:			BUSINESS:		
IN CASE OF AN EMERGE	NCY CONTACT:					
PARENT/GUARDIAN/ CUSTODIAN NAME:						
ADDRESS:			CITY: _		STATE:	ZIP:
PHONE:	HOME:			BUSINESS:		
photo identification they2. Should the minor nthe minor's custody, and3. Thereby certify that	will be required to pres ot be met at the destina I agree to reimburse Je t the minor mentioned I	he minor chil d identified herei sent before the child is release ation, I authorize any Jefferson efferson Lines for any necessar herein is of sound health, does uest the unaccompanied carri	ed. I Lines employee or a ry and reasonable co s not require any me	gent to take what sts incurred by the	ever action they consider n m in taking such action.	ecessary to arrange for
x					DATE:	
	OF PARENT, GUARDIAN					
		d above to meet the child are he minor child identified herei			am fully authorized by the	Parent, Guardian or
х					DATE:	
	OF PERSON ASSUMING					

FORM OF IDENTIFICATION PRESENTED:

RETURN TRIP:

1. I hereby certify that I and the person named above to meet the child are one and the same individual and that I am fully authorized by the Parent, Guardian or Custodian named above to assume custody of the minor child identified herein. I accept custody of the minor.

