

FULL NAME OF MINOR:				AGE:	SEX:	LANGUAGE SPOKEN:	
PERMANENT ADDRESS OF MINOR:						TELEPHONE:	
<b>OUTWARD FLIGHT DETAILS</b>				<b>RETURN FLIGHT DETAILS</b>			
FLIGHT NUMBER:	DATE:	FROM:	TO:	FLIGHT NUMBER:	DATE:	FROM:	TO:
Booking Ref. (PNR):				Booking Ref. (PNR):			
<b>PERSON SEEING OFF MINOR AT DEPARTURE:</b>				<b>PERSON SEEING OFF MINOR AT DEPARTURE:</b>			
NAME:				NAME:			
ADDRESS:				ADDRESS:			
EMAIL:				EMAIL:			
TELEPHONE:				TELEPHONE:			
<b>PERSON MEETING MINOR AT ARRIVAL:</b>				<b>PERSON MEETING MINOR AT ARRIVAL:</b>			
NAME:				NAME:			
ADDRESS:				ADDRESS:			
EMAIL:				EMAIL:			
TELEPHONE:				TELEPHONE:			
<b>DECLARATION OF PARENT/GUARDIAN:</b>							
<ol style="list-style-type: none"> <li>I confirm that I have arranged for the above-mentioned minor to be accompanied to the airport on departure and to be met at the stopover point and on arrival by the persons named. These person/s will remain at the airport until the flight has departed and/or be available at the airport at the scheduled time of arrival of the flight.</li> <li>Should the minor not be met at stopover point or destination, I authorize the carrier(s) to make whatever action they consider necessary to ensure the minor's safe custody including return of minor to the airport of original departure and agree to indemnify and reimburse the carrier(s) for the costs and expenses incurred by them in taking such action.</li> <li>I certify that the minor is in possession of all travel documents (passport, visa, health certificate, etc.) required by applicable laws.</li> <li>I, the undersigned, parent or guardian of the above-mentioned minor consent to the persons mentioned above to accompany the minor and certify that the information provided is accurate.</li> <li>I confirm that the minor travelling does not have any allergies or intolerances, or if the minor does suffer from any allergies or intolerances, these will be communicated to the KMMA Medical Help Desk at least 48 hours prior to the scheduled flight departure.</li> </ol>							
NAME:						SIGNATURE:	
ADDRESS:						DATE:	
TELEPHONE:							