



JEFFERSON LINES

UNACCOMPANIED CHILD FORM

NAME OF CHILD _____ AGE _____

PERSON MEETING CHILD _____

DESTINATION PHONES: HOME _____ BUSINESS _____

RETURN TRIP PHONES: HOME _____ BUSINESS _____

PARENT, GUARDIAN OR CUSTODIAN NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONES: HOME _____ BUSINESS _____

IN CASE OF AN EMERGENCY CONTACT:

NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONES: HOME _____ BUSINESS _____

ORIGIN:

- I hereby confirm that I have arranged for the minor child identified herein to be met on arrival by the person named above and have informed them of the personal photo identification they will be required to present before the child is released.
- Should the minor not be met at the destination, I authorize any Jefferson Lines employee or agent to take whatever action they consider necessary to arrange for the minor's custody and I agree to reimburse Jefferson Lines for any necessary and reasonable costs incurred by them in taking such action.
- I hereby certify that the minor mentioned herein is of sound health, does not require any medication or have any medical or physical condition which could create an emergency or require special attention. I request the unaccompanied carriage of the minor.

X _____ DATE ____/____/____
SIGNATURE OF PARENT, GUARDIAN OR CUSTODIAN

DESTINATION:

- 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.

X _____ DATE ____/____/____
SIGNATURE OF PERSON ASSUMING CUSTODY OF CHILD

Form of identification presented: _____

RETURN TRIP:

- 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.