

UNACCOMPANIED CHILD FORM

NAME OF CHILD:					AGE:	
PERSON MEETING CHILD:		DESTINATION			RETURN TRIP	
		DESTINATION			KETUKN 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:	номе:			BUSINESS:		
photo identification they 2. Should the minor n the minor's custody, and 3. I hereby certify tha	y will be required to pre not be met at the destina I lagree to reimburse Je t the minor mentioned	sent before the child is rel ation, I authorize any Jeffe efferson Lines for any nece	eased. rson Lines employee or ssary and reasonable co does not require any me	agent to take what osts incurred by the	med above and have informe ever action they consider ned om in taking such action. ny medical or physical conditi	cessary to arrange for
X					DATE:	
	OF PARENT, GUARDIA					
	•	ed above to meet the child he minor child identified h			am fully authorized by the Pa	arent, Guardian or
X					DATE:	
	OF PERSON ASSUMING					
FORM OF IDENTIFICATION	ON 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.



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