



Unaccompanied Minor Travel Form

Form: FGHM 07

CARRIAGE OF UNNACOMPANIED MINORS

Nexus Airlines ('We, our, us or Company') aims to ensure travelling alone is a safe and exciting experience for your child. Passenger safety and comfort is important to us, and our team will do everything possible to ensure Unaccompanied Minors ('UMs') have an enjoyable and seamless experience when flying with us.

A child (or children) between the ages outlined below who is/are not accompanied by a person 15 years of age or older, will travel as a UM:

- 5 – 12 years of age (inclusive) on domestic flights; and/or
- 12 – 15 years of age (inclusive) on domestic flights whose parent or guardian have requested that they travel as an Unaccompanied Minor.

CHILDREN TRAVELLING WITH MEDICATION (INCLUDING OVER THE COUNTER)

For UMs who travel with medication, food allergies or special dietary requirements, guardians must notify the Company of the UMs requirements at the time of booking.

Medication must be carried in carry-on luggage.

A letter from the UMs doctor must be organised if any medication needs to be carried on a flight. This may include carrying an Adrenalin Auto Injector or Ventolin inhaler. The letter from the doctor must:

- Be dated within two years of the date of travel;
- Be written in English;
- Confirm that the UM can identify the need for the medication; and
- Confirm that the child can self-administer the medications required.

If we do not receive a letter from the UM's doctor and/or if the medication is not available to be carried in carry-on luggage, the child cannot travel unaccompanied and must be accompanied by a person aged 15 years or older who is willing and able to administer the medication, if required, and the medication must be available to be carried in carry-on luggage.

Medication is defined as any medicine from a doctor or dentist (on prescription) and from a pharmacist or over the counter. Examples of over-the-counter medication may include Panadol, antihistamines and hydrocortisone creams and ointments.

DECLARATION OF PARENT/GUARDIAN/RESPONSIBLE ADULT

1. I request that the child in this form can be carried as an Unaccompanied Minor by the Company.
2. I confirm that:
 - I. The person dropping off the child will remain at the airport or contactable until after the flight has departed;
 - II. The person meeting the child at the destination will be at the airport by the scheduled flight arrival time;
 - III. The child does not have any medication, food allergies or special dietary requirements other than those that I have specifically notified to the Company at the time of booking;
 - IV. By signing this form, I acknowledge and agree that the Company excludes any liability for bodily injury or death of the child in the event that I have failed to notify the Company of any medication, food allergies or special dietary requirements relating to the child or for incorrect or negligent use of any medication by the child.
3. If the child is not met at the destination:
 - I. I authorise the Company to take whatever reasonable steps it considers necessary and to notify me or the person meeting child at Airport (as listed on this form) of the steps taken, which may mean returning the child to the airport of departure; and
 - II. I agree to reimburse the Company for any costs it may reasonably incur in taking such action.
4. I understand that the child's travel is subject to the Company's conditions of carriage and applicable laws including security screening which may include the use of body scanners.
5. In the event of a significant delay and/or flight cancellation:
 - I. I agree to re-imburse the Company for any costs it may reasonably incur in taking such action, in the event that the significant delay or flight cancellation was outside of the Company's control.
6. I confirm that:
 - I. The Unaccompanied Minor will travel with a copy of the ticket: and
 - II. All the information given on this form is correct: and
 - III. I can be contacted at any time without delay while the child named below is in the Company's care.
I have read, understood and agree to be bound by all of the terms outlined in this form.

FULL NAME:

SIGNATURE:

DATE:

CONTACT NUMBER(S):

ADDRESS:



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|--|-----------------------------|------------------------------|------|--|
| Unaccompanied Minor **Child details on this form must match the details in the booking** | Full Name: | | Age: | |
| | Book Ref: | | | |
| Travelling with medication: | No <input type="checkbox"/> | Yes <input type="checkbox"/> | | |
| Special requirements (e.g. dietary/allergies): | No <input type="checkbox"/> | Yes <input type="checkbox"/> | | |
| Please provide details: | | | | |
| | | | | |

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|---|------------------------------------|------------|--|--|
| Person Delivering Child to Airport Photographic Identification MUST be verified by GHA or Crew before Nexus Airlines will assume responsibility for UM | Full Name: | | | |
| | Address: | | | |
| | Ph (Mob): | | | |
| | ID Check: <input type="checkbox"/> | Signature: | | |
| Person Meeting Child at Airport Photographic Identification MUST be verified by GHA or Crew before Nexus Airlines will release UM and cease responsibility. | Full Name: | | | |
| | Address: | | | |
| | Ph (Mob): | | | |
| | ID Check: <input type="checkbox"/> | Signature: | | |

PLEASE COMPLETE DUPLICATE BELOW

| | | |
|----------------|-------|-------|
| Flight No: | Seat: | Date: |
| From: | To: | |
| CC Name & Sig: | | |
| Port: | | |

| | | |
|-----------------|-------|-------|
| Flight No: | Seat: | Date: |
| From: | To: | |
| GS Name & Sign: | | |
| Port: | | |

| | | |
|----------------|-------|-------|
| Flight No: | Seat: | Date: |
| From: | To: | |
| CC Name & Sig: | | |
| Port: | | |

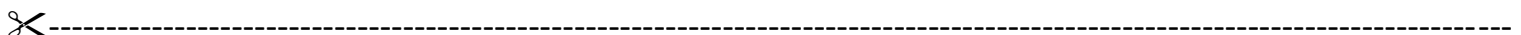
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|-----------------|-------|-------|
| Flight No: | Seat: | Date: |
| From: | To: | |
| GS Name & Sign: | | |
| Port: | | |

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|-----------------|-------|-------|
| Flight No: | Seat: | Date: |
| From: | To: | |
| CC Name & Sign: | | |
| Port: | | |

| | | |
|-----------------|-------|-------|
| Flight No: | Seat: | Date: |
| From: | To: | |
| GS Name & Sign: | | |
| Port: | | |

INTERNAL USE ONLY

COMPLETED FORM TO BE HELD BY EACH PORT



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|--|------------------------------------|------------|--|--|
| Person Delivering child to Airport Photographic Identification MUST be verified by GHA or Crew before Nexus Airlines will assume responsibility for UM(s) | Full Name: | | | |
| | Address: | | | |
| | Ph (Mob): | | | |
| | ID Check: <input type="checkbox"/> | Signature: | | |
| Person Meeting child at Airport Photographic Identification MUST be verified by GHA or Crew before Nexus Airlines will release UM(s) and cease responsibility. | Full Name: | | | |
| | Address: | | | |
| | Ph (Mob): | | | |
| | ID Check: <input type="checkbox"/> | Signature: | | |