Travelling as an Unaccompanied Minor on Qantas

PREPARING FOR TRAVEL

Please complete all fields marked * on the form in English, print and bring the printed form to the Airport To make sure you are prepared. Please read the Children Travelling Alone information at quantas.com.

GOVERNMENT REGULATORY REQUIREMENTS:

A number of requirements are in place which may impact your child's travel both domestically and/or internationally. Before travel, ensure you check the latest government travel requirements which apply to everyone travelling, including children. Requirements may include passports, visas, travel permits and health declarations.

If you don't comply with these requirements, including seeking the necessary approvals before travel, your child/children could be denied travel or refused entry.

TRAVELLING WITH MEDICATION (INCLUDING OVER THE COUNTER MEDICATION)

Children travelling alone must be capable of self-administering their medication in order to travel alone. Qantas staff are not generally authorised to administer medication.

Medication includes:

- Prescription medication from a doctor, dentist or pharmacy such as antibiotics, auto-injectors and inhalers; and
- Over-the-counter medications such as paracetamol, antihistamines, pills and ointments.

Please ensure your child is travelling with a letter/certificate from your child's doctor. For full information please refer to Children travelling with medication.

DETAILS OF UNACCOMPANIED MINOR 1 (All fields marked with an * are mandatory to be completed)				DETAILS OF UNACCOMPANIED MINOR 2 (IF APPLICABLE) (All fields marked with an * are mandatory to be completed)				
* Full name:			* Full name:					
Male: Female:	Unspecified:	* Age:		Male:	Female:	Unspecified:	* Age:	
* Booking Reference:				* Booking Reference:				
* Passport Number: (If travelling internationally)				* Passport Number: (If travelling internationally)				
* Travelling with medication: (including over the counter medication)	Yes:	No:		* Travelling with medication: (including over the counter medication) Yes: No:		No:		
If yes, please provide details:				If yes, please provide details:				
* Medical certificate attached:	Yes:	N/A:		* Medical certificate attached:		Yes:	N/A:	
* Special requirements: (e.g. allergies/dietary)	Yes:	No:		* Special requirements: (e.g. allergies/dietary)		Yes:	No:	
If yes, please provide details: (Meals must be ordered 24hrs prior to the flight)				If yes, please provide details: (Meals must be ordered 24hrs prior to the flight)				
Please note: Athough special meals must be requested 24hours prior to travel, Qantas is unable to guarantee availability. It is suggested that where an unaccompanied minor has specific dietary requirements that a small snack be included in the child's carry-on luggage.								
Any other information to assist Qantas staff with this journey?								
RESPONSIBLE ADULT CONTACT INFORMATION - PERSON DELIVERING CHILD (CHILDREN) TO AIRPORT				RESPONSIBLE ADULT CONTACT INFORMATION - PERSON MEETING CHILD (CHILDREN) ON ARRIVAL				
* Full name:				* Full name:				
* Address:				* Address:				
* Phone (Mobile/Home):	* (Work):			* Phone (Mobile/Ho	nme):	* (Work):		

Qantas Airways Limited, ABN 16 009 661 901

* ID Type:

Staff number:

* Sign at time of drop off:

STAFF DETAILS (INTERNAL USE ONLY)

* ID#:

Signature:



Signature:

* ID#:

STAFF DETAILS (INTERNAL USE ONLY)



* ID Type:

Staff number:

* Sign at time of collection:

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	ALTERNATE EN	ILKOLNUT CUNTACT (DIFFI	ERENT FROM ALL CONTACTS LISTED	ON THIS DUCUMENT)			
* Full name:							
* Address:							
* Phone (Mobile/Home):			* (Work):	* (Work):			
COMPLETE FLIGHT I	NFORMATION / QANT	AS TO RETAIN COMPL	ETED FORM (Please note: Childre	en can only be transferre	d to flights operated by Qant		
Customers to complete	e this section (Fields mark	ed with * are mandatory)	Customers to complete	this section (Fields mark	ed with * are mandatory)		
* Flight no.:	Seat:	* Date:	* Flight no.:	Seat:	* Date:		
* From:	* To:	·	* From:	* To:			
Staff to complete this s	section (INTERNAL USE ONLY)		Staff to complete this se	ection (INTERNAL USE ONLY)			
Staff name:			Staff name:				
Staff no. :	Port:		Staff no. :	Port:			
Customers to complete	e this section (Fields mark	ed with * are mandatory)	Customers to complete:	this section (Fields mark	ed with * are mandatory)		
* Flight no.:	Seat:	* Date:	* Flight no.:	Seat:	* Date:		
* From:	* To:		* From:	* To:			
Staff to complete this s	section (INTERNAL USE ONLY)		Staff to complete this se	ection (INTERNAL USE ONLY)			
Staff name:			Staff name:				
Staff no. :	Port:		Staff no. :	Port:			

age requirements

Domestic All Flights	5-11 years
International Flight time: 6 hours and over	6-11 years
International Flight time: Under 6 hours	5-11 years

- I request that the child/children named in this form be carried as an Unaccompanied Minor by Qantas. I declare that I am responsible in ensuring that my child/children has/have my permission to travel on this flight.
- I confirm that:
 - The person dropping off the child/children will remain at the airport until i. the flight has departed;
 - The person meeting the child/children at the destination, overnight stop or transfer point will be at the airport by the scheduled flight arrival time and aware of ID requirements.
 - My child/children is/are in possession of all travel documents (passport, e-ticket, visa, health certificate, etc.) required for their journey;
 - I can be contacted at any time without delay while child/children named above is/are in Qantas' care; and
 - I confirm the Unaccompanied Minor/s meets independent travel criteria and feel comfortable and secure travelling alone.

- (as applicable):
 - I authorise Qantas to take whatever reasonable steps it considers necessary and to notify me or the person specified below of the steps taken, which may mean returning the child (children) to the airport of departure; and I agree to reimburse the carrier for any costs it may reasonably incur in taking such action.
- In the event of a significant delay and/or flight cancellation:
 - I agree to reimburse Qantas for any costs it may reasonably incur in taking such action, in the event that the significant delay or flight cancellation was outside of Qantas' control.
- I understand that:
 - The Qantas Unaccompanied Minor service only applies to flights operated by Qantas; (exception: flight operated by Finnair for Qantas QF291, QF292, QF295 & QF296 and flights operated by Alliance with a QF
 - The child/children travel is subject to **Qantas' conditions of carriage**, Qantas' Unaccompanied Minor Policy and applicable laws, including security screening which may include the use of body scanners.
- I have read, understood and accept all the above points and can confirm that all the information given is true and correct.
- The personal information provided in this form will be used by Qantas for the purposes of handling the travel.

Full name:	Signature:	Date:
Address:		Phone:

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