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UNACCOMPANIED CHILD FORM

CHILDREN BETWEEN THE AGES OF 12 AND 16

TO BE COMPLETED BY ORIGIN AGENT:

TICKET CONFIRMATION # _____ DATE _____

NAME OF PARENT OR LEGAL GUARDIAN _____

FORM OF IDENTIFICATION _____ NUMBER _____

UNACCOMPANIED CHILD FEE PAID - IF NO, INCLUDE EXPLANATION

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN:

CHILD'S NAME _____ AGE _____

DATE OF BIRTH (MM/DD/YY) ____/____/____

DEPARTING STATION _____ ARRIVING STATION _____

PARENT OR LEGAL GUARDIAN NAME _____

PHONE _____ ALT PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PERSON ASSUMING CUSTODY AT DESTINATION NAME _____

PHONE _____ ALT PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP TO CHILD _____ PHONE _____

TERMS OF TRAVEL - ALL CONDITIONS MUST BE MET:

- 1 The passenger's trip will begin and end on the same schedule (no transfers)
- 2 The passenger's trip will be no longer than eight (8) hours in duration.
- 3 The passenger's trip must be between the hours of 7:00 a.m. and 8:00 p.m.
- 4 Both the origin and destination stations are full service agencies.
- 5 The origin station will be open at the time the passenger is scheduled to depart.
- 6 The destination station will be open at the time the passenger is scheduled to arrive.
- 7 Parent, Guardian or Legal Custodian of the child must complete and sign the Unaccompanied Child Form authorizing the child to make the trip and return this form with ID to the agent on duty. This form specifically names the person authorizing the trip and the person meeting the child at the destination station and the telephone number at which this person may be contacted. It also provides an emergency contact name and telephone number in the event it is needed.
- 8 In order for the child to be released at the destination, the person named on the Unaccompanied Child Form as the one meeting the child must have positive identification, such as a driver's license or state issued identification card, and provide such to the agent at the destination station. Without such identification, the child will be released into the custody of the Child Protective Services or to local Law Enforcement officials in the destination city.

I hereby certify that all the Terms of Travel conditions have been met in their entirety. 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.

DATE _____

Parent or Guardian Signature

TO BE COMPLETED AT DESTINATION:

I HEREBY CERTIFY THAT I, 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.

DATE _____

SIGNATURE OF PERSON ASSUMING CUSTODY

FORM OF IDENTIFICATION _____ NUMBER _____