



UNACCOMPANIED MINOR FORM

FILL OUT AND PRINT THREE (3) COPIES. Bring all copies to the airport with you.

MINOR 1	_____ LAST MIDDLE FIRST			_____ AGE	☐ M ☐ F
	_____ SEAT	_____ ALLERGIES / MEDICAL CONDITIONS		_____ LANGUAGES SPOKEN	
MINOR 2	_____ LAST MIDDLE FIRST			_____ AGE	☐ M ☐ F
	_____ SEAT	_____ ALLERGIES / MEDICAL CONDITIONS		_____ LANGUAGES SPOKEN	
MINOR 3	_____ LAST MIDDLE FIRST			_____ AGE	☐ M ☐ F
	_____ SEAT	_____ ALLERGIES / MEDICAL CONDITIONS		_____ LANGUAGES SPOKEN	

FLIGHT INFORMATION

_____ FLIGHT NUMBER	_____ DEPARTURE CITY	SPECIAL SERVICE REQUEST: _____
_____ DEPARTURE DATE	_____ ARRIVAL CITY	_____

GUARDIAN NAME AT DEPARTURE CITY

_____ NAME (PRINT)	
_____ ADDRESS	
_____ CITY	_____ COUNTRY
_____ HOME PHONE	_____ CELL PHONE

GUARDIAN NAME AT ARRIVAL CITY

_____ NAME (PRINT)	
_____ ADDRESS	
_____ CITY	_____ COUNTRY
_____ HOME PHONE	_____ CELL PHONE

GUARDIAN SIGNATURE (MUST SIGN WITH PEN) VALID PHOTO I.D. REQUIRED

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ESWATINI AIR CREWMEMBER ONLY ☐ I.D. CHECKED

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LEGAL DISCLAIMER FROM GUARDIAN

I am the Guardian of the minor traveler(s) identified above (each, a "Child"), and request/agree to the provision of Unaccompanied Minor service for the Child. I certify that the information I am providing is accurate. I confirm that I have arranged for the Child to be met upon arrival by the Guardian identified above. Should the Child not be met as provided herein, I authorize Eswatini Air to take whatever actions its employees and agents consider appropriate to ensure the Child safe custody, up to and including returning the Child to the airport of departure. I also agree to indemnify and hold harmless Eswatini Air from and against all claims resulting from taking such action and to reimburse Eswatini Air for any reasonable costs incurred therefrom. I confirm that the Child has all necessary travel documents, as well as sufficient funds to pay any immigration/transit fees or taxes, required by the applicable laws of each country to which the Child is traveling. Eswatini Air is not responsible for any missing or defective travel documents. I acknowledge that AirSwatini features inflight entertainment, to which the Child may have access, and Eswatini Air accepts no responsibility for the content viewed by the Child. I further acknowledge that Eswatini Air crewmembers do not administer any medication. I have instructed the Child to comply with all crewmember instructions and confirm that the Child understands.

I have read and understand the rules for Unaccompanied Minors traveling on Eswatini Air:

NAME (PRINT)

SIGNATURE (MUST SIGN WITH PEN)

DATE

ESWATINI AIR CREW/MEMBER TO COMPLETE

Origin Airport Crewmember

NAME

ID#

Inflight Crewmember

NAME

ID#

SIGNATURE

Destination Crewmember

NAME

ID#

SIGNATURE