



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Medical Card Application Form for Children under 18 years

## Who should use this form?

The parent or guardian of any child under 18 years with a diagnosis of cancer within the last five years.

## How do I apply for this Card?

- Step 1. Read this page for help.
- Step 2. Complete Part 1 and Part 2.
- Step 3. Read and sign the declaration in Part 3.
- Step 4. Ask your doctor of choice to complete Part 4.
- Step 5. Include a medical report dated within the last 6 months from either your child's GP (doctor) or treating Consultant.
- Step 6. Send the completed application form and the medical report by post to:  
**National Medical Card Unit, PO Box 12629, Dublin 11** or email  
to [cru.emergency@hse.ie](mailto:cru.emergency@hse.ie)

## Help and information

### Who can apply for a Medical Card in this scheme?

The parent or guardian of a child who:

- has been diagnosed with cancer in the past five years;
- is under 18 years of age; and
- lives in the Republic of Ireland and intends to live here for at least one year. (**'Ordinarily resident'**)

### If I my child gets a Medical Card, does it cover my family too?

No. Medical Card eligibility is granted only to the named child under 18 years, with a diagnosis of cancer.

### My child is almost 18. Will I still apply?

If your child is nearing their 18th birthday and has a diagnosis of cancer, you may apply for a Medical Card for your child.

## Need help?

Read this page for help. If you need further help completing this form, phone **Callsave 0818 224 478** or visit your **Community Health Office**.

Please complete Parts 1, 2, 3 (or 3A if it applies to you) and 4 in CAPITAL LETTERS. Place a tick(✓) where appropriate in the single boxes provided.

FOR OFFICIAL USE ONLY

Application No.:

Date Received:

### Part 1 – Child’s details

First name(s):

Surname:

Date of birth:

PPS number:

Gender: Male  Female

Country of birth:

How long have you lived in Ireland?

Is your child ordinarily resident in Ireland? (See the end of page one for a definition of ‘ordinarily resident’.) Yes  No

### Part 2 – Parent’s or guardian’s details (one parent or guardian only)

First name(s):

Surname:

Date of birth:

Birth surname: (If different)

PPS number:

Gender: Male  Female

Address:

Mobile phone:  -   
(If you enter your mobile phone, we may text you in connection with your application.)

Daytime phone:

Country of birth:

Email address:

How long have you lived in Ireland?

Are you ordinarily resident in Ireland? (See the end of page one for a definition of ‘ordinarily resident’.) Yes  No

### Relationship to child

What is your relationship with the child you are making this application for?

Mother  Father  Guardian

Other (Please specify)



