



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Medical Card Application Form for Children under 18 years MC1(b)

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.medical@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 1890 252 919** 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)

