



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

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)

Part 3 – Declaration and consent

Before completing this part of the form, please take time to read and consider the following **important information**.

By law, anyone who deliberately gives false information on this form, or who deliberately withholds information relevant to an assessment of eligibility for a Medical Card, could face a fine, imprisonment or both.

By law, anyone who deliberately gives false information on this form, or who withholds information relevant to the assessment of eligibility for a Medical Card, could face a fine.

Where appropriate, the HSE reserves the right to review and change Medical Card eligibility status at any time.

Declaration and consent

Please read these statements. If you agree with them, please complete and sign or mark the form below.

I apply for a Medical Card for my child with a cancer diagnosis.

I declare that the information I have given as part of this application is correct to the best of my knowledge.

I agree to tell the HSE immediately about any changes that may affect my child's eligibility for health services.

I agree that the HSE, when assessing eligibility, may contact other government departments including the Department of Social Protection and the Department of Justice to confirm the information I have given.

I authorise the HSE Doctor to contact my child's GP (doctor) or treating consultant if further information is needed.

Please sign here: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Part 3A - Mark and signature of witness

If you are not able to sign, your mark should be made and witnessed. The witness should sign their name and complete their address in spaces provided below.

Place your mark here: _____

Signature of witness: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Address of witness:

Part 4 – Doctor of choice

Doctor's name:

Doctor's practice address:

Part 4A – Doctor's acceptance

Ask your doctor to complete this section of the form

I agree to provide medical services to this applicant.

Signature of doctor:

GMS no.

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Date:

D	D	M	M	Y	Y	Y	Y
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GMS STAMP HERE:

Checklist

- Have you completed all relevant parts of this form?
- Have you included a medical report dated within the last six months with details of your child's cancer diagnosis and date of diagnosis?
- Have you read and signed or marked Part 3?
- Has your doctor completed Part 4A?

If you have any questions before you send off this form, please phone **Callsave 0818 224 478** or call to your **Community Health Office**.

Please 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

Data Protection and Freedom of Information Notice

The HSE will treat all personal information and data you provide as part of this application as confidential and store it securely. When the HSE receives your completed application form and any supporting documents, it will make a computer record in your name. This record will contain the relevant personal information you have supplied. This personal record will be used and retained by the HSE, solely for the purposes of processing your Medical Card and GP Visit Card application.

The HSE will not disclose (share) to other people or organisations the personal information you have given unless permission has been given by the person to whom the information relates or the HSE is required to do so by law.