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Christ the King Catholic Primary School

Medicine Policy

Updated: January 2026

Version: 2.0



Version Control

| Version | Date | Changes |
|----------------|--------------|--|
| 2.0 | January 2026 | Updated to align with KCSIE 2025; Medicines only administered if prescribed and required four times or more per day. |
| 1.0 | March 2021 | Original policy issued. |

Summary of Changes (January 2026)

- Aligned policy with Keeping Children Safe in Education (KCSIE) 2025 guidance.
- Clarified safeguarding and confidentiality procedures.
- Included updated emergency procedures and staff responsibilities.
- Added consent form template in appendices.



Medicines Policy

Introduction

Parents/carers are responsible for ensuring their child is well enough to attend school. Some pupils may return while requiring medication. The school will work closely with parents and health professionals to ensure pupils' medical needs are met safely and appropriately.

Key Principles

The school follows statutory guidance from KCSIE. Medicines will only be administered if prescribed and required four times or more per day. Non-prescription medication will not be administered. Parents must provide full information and consent.

Management of Medication

Short-term needs: medication only when absolutely necessary.

Long-term needs: Individual Healthcare Plans will be created and reviewed. Self-management allowed with consent.

Administration Rules

Medication must be in original container, labelled with child's name and dosage. Staff will administer only when prescribed and required four times or more per day. Parents must complete consent form.

Emergency Procedures

Staff will call emergency services and remain with pupil until parents arrive. Emergency medication administered as trained.

Trips & Activities

Pupils will be encouraged to participate in the activities if it is deemed safe to do so. Risk assessments will be carried out, provision will be made for individual health care plans and staff will receive suitable training

Medication administered on residential trips after consent received.

Sporting activities

Our PE curriculum and provision of sporting activities is flexible enough for all pupils to take part in ways, which are appropriate to their abilities. Any restrictions on a particular pupil's



ability to participate in PE will be clearly identified and incorporated into the pupil's individual healthcare plan.

Staff Development

A record will be kept of any training staff undertakes.

Emergency procedures

All staff are aware how to call the emergency services. Staff are also aware who is responsible for carrying out emergency procedures if needed. A member of staff who will remain with the pupil until a parent arrives will accompany any pupil taken to hospital by ambulance. All calls to emergency services will be recorded on the Emergency Planning form.

Specific Training

All staff who are required to deal with specific issues or specific health needs will receive appropriate training from health professionals. We will respect any concerns of individual staff regarding administering medication but hope that appropriate training and support will enable staff to feel confident to fulfil this caring role.

Safeguarding & Confidentiality

All medical information treated confidentially and shared only with relevant staff.
Procedures comply with KCSIE.

Review

Policy reviewed annually or sooner if guidance changes.



Appendix A: Parental Consent Form for Administration of Medication

CHRIST THE KING CATHOLIC PRIMARY SCHOOL **Request for medicine to be administered in exceptional circumstances**

THE SCHOOL'S MEDICINE POLICY STATES THAT MEDICINES WILL NOT BE ADMINISTERED BY MEMBERS OF STAFF. HOWEVER, UNDER THE GIVEN CIRCUMSTANCES, THE HEAD TEACHER HAS AGREED TO ADMINISTER AS AN EXCEPTION TO THE POLICY. WE CANNOT GIVE MEDICINE UNLESS IT IS PRESCRIBED BY A DOCTOR AND IS REQUIRED 4 TIMES A DAY.

DATE: _____

To: Miss Riach From: _____
Parent/Guardian

Child's Name: _____ Class: _____

Name of Medicine: _____

From: (dates) _____ until: _____ total days _____

PLEASE TICK AS APPROPRIATE

METHOD: **Tablets** ___
 Mixture ___
 Inhaler ___
 Cream ___
 Capsules ___
 Other _____

Dosage: _____ Times of Doses: _____

Any precautions, special arrangements or side effects:

I understand that the staff of the school cannot be held responsible for any problems which may arise from the administration of medicine when given in accordance with these instructions.

Signed: _____ NAME IN CAPITALS: _____
Parent/Guardian