



PRINCE
ALFRED
COLLEGE

Year 1 Outdoor Education Program

Morialta Conservation Park Excursion Day | 2025



September 2026

Dear Parents and Carers

In Week 3 of Term 4 this year, your son will be taking part in an Outdoor Education Excursion to Morialta Conservation Park.

The purpose of the day is to be immersed in nature, introduce themes of adventure, resilience and provide a stepping stone for students to future year level camps. The excursion will be a full day returning to Kent Town at 5pm for parent pick up. The extended day aims to build student confidence leading into the Year 2 overnight camp the following year.

Boys will explore the park on a bushwalk and engage in nature play activities. The day offers students the opportunity to grow their self-confidence with nature while interacting with the creek, woodlands, gorges, waterfalls and stunning views of the area.

Your son will travel to and from the Conservation Park by bus and will be accompanied by his classroom teacher, other Prince Alfred College staff, and a Year 11 Leader. The Scotts Creek Outdoor Centre team will facilitate the program.

To help your son prepare for this program, please read this Program Booklet noting the key information you need for a safe, fun and successful excursion.

We look forward to a fun and adventurous program that will help boys form and strengthen friendships.

There is no cost to families for this excursion.

If you require any further information, please contact me on 0436 636 565 or dcibich@pac.edu.au

Yours sincerely,



Daniel Cibich
Director, Scotts Creek Outdoor Centre

Excursion Information

Dates and Times

Excursion Date: Friday 30 October 2026

Depart: Arrive at school by 8:30am for a normal school start time in preparation for excursion departure time of 10am.

Return: 5pm to PAC.

Consent Forms

- You will receive excursion information and consent in your **Parent Lounge**.
- Access via Home Page under (Events and Payments). View 'Other Details' and accept T&Cs

Medical Information

- *Log on to the PAC Parent Lounge and check that the **medical details** are up to date.*
 - If you have any access issues, please contact ICT Services ictservices@pac.edu.au
- *Pack any specialist and prescription medication e.g. Ventolin, EpiPen etc.*
- *Inform the class teacher and Daniel Cibich of any current medication or special concerns*
- ALL medication (prescription and over the counter, e.g. Panadol), must be accompanied by a completed, signed by a GP HSP151 Medication Agreement (copy at the back of this booklet)

Packing List

Refer to the enclosed gear and equipment list. Make sure to include clothing which can get wet or dirty. Please see that all items listed are brought along and named.

Food

Your son will need to pack the following meals for the day:

- **Piece of Fruit**
- **Recess**
- **Lunch**
- **Afternoon Snack**

COVID-19

If your son has tested positive for Covid in the 7-days prior to the start date, please do not send him on the excursion. Please do not send your son if he is unwell, displaying symptoms of Covid-19 OR is being tested for Covid-19.

Year 1 Program - 2026

	Program	
AM	8:30am Students arrive at school for a normal start 10am Depart PAC Kent Town 10:30am Arrive Morialta Conservation Park.	
	Class 1R Giants Cave Recess First Falls	Class 1W First Falls Recess Giants Cave
	Lunch at Morialta Falls Trailhead. Walk to Mukanthi Nature Play Space	
PM	Nature Activities (instructor facilitated) Free play on Mukanthi Nature Play Space. 4:30pm – Depart Morialta Conservation Park 5pm Arrive back at PAC Kent Town	

Clothing, Gear and Equipment List

DRESS CODE – PE UNIFORM

Top Tip - Write names on all clothing and pack with your son so they know what is in their bag!

Boys should wear their PE uniform to school with sport shoes.

What to bring

- ☐ Day pack
- ☐ Sunscreen & lip balm
- ☐ Broad brimmed school hat (with name written in it)
- ☐ Water bottle (500 – 1,000ml)
- ☐ Warm jacket
- ☐ Personal medication- If required (Puffer, preventer, epi-pen etc.)
- ☐ Morning Tea + Lunch + Piece of fruit + Afternoon Snack

Items to leave at home...

- ✗ Mobile Phone
- ✗ Electronic equipment or other technology devices, including camera
- ✗ Junk food (chips, soft drink, lollies etc)
- ✗ No money is required during the program



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of South Australia

This form is developed in partnership and has co-ownership with the South Australian
Department for Education and the Department for Health and Wellbeing, Women's and Children's Health Network

Medication Agreement

for education and care

CONFIDENTIAL

This information is confidential and will be available only to relevant staff and emergency medical personnel. *Medication Agreements that are modified, overwritten or illegible will **NOT** be accepted.*

The legal guardian or adult student can complete the medication agreement authorising education and care staff to administer medication as instructed. All sections of the 'Authorisation' section must be checked to confirm authorisation to administer in an education or care service by the legal guardian or adult student. A treating health professional may assist the legal guardian or adult student to complete this form.

A registered health professional (ie medical consultant, specialist nurse, GP, Dentist) **must** complete the 'Agreement' section for any Controlled Drug (S8) (including morphine, dexamphetamine and codeine), where oxygen or insulin is required to be administered in education or care, or where pain relievers (paracetamol or ibuprofen) are required to be administered regularly or for more than 72 continuous hours. Where midazolam is prescribed this must be documented on an [INM Medication Agreement HSP153](#) form.

PARENT/GUARDIAN OR ADULT STUDENT TO COMPLETE:

Education or care service:			
Education or care service email: (if known)			
Name of child or young person:			
Date of birth:		Date of next review:	
Allergies:			
MEDICATION INSTRUCTIONS			
<i>The medication instructions must match EXACTLY the pharmacy label on the medication or medication will not be administered</i>			
Medication name		TIME(S) To be administered within ½ hour of specified time(s):	
Form (liquid, tablet, capsule, lotion, oxygen, inhaler, injection)	Route (skin, oral, inhaled, gastrostomy, subcutaneous)		
Strength (mg or mg/ml)	Dose (the number of tablets or mls must be written)	Start date	
Other instructions for administration (when not appropriate to administer; how to administer i.e. with food; any changes to medication prior to administration i.e. crushing)		End date Medication Agreement ceases to be valid as at this date. Not required for long term medication.	
AUTHORISATION AND RELEASE			
☐	The medication documented above is required to be administered during attendance at the education or care service.		
☐	The medication documented above is NOT a Controlled Drug (S8), oxygen, insulin or pain relief that requires administration for more than 72 continuous hours (if it is yes, 'Agreement' section must be completed by a health professional).		
☐	Where the medication is a prescription medication; the medication has been prescribed for a current health condition.		
☐	I confirm this medication has been administered to my child previously (a first dose cannot be administered in education or care).		
☐	My child is well enough for school (no active fever, no diarrhea or vomiting, able to eat and drink as per normal, enough energy to participate throughout the day) and if there is a change in my child's health condition I will be called to collect them.		
☐	I understand the medication provided must have a pharmacy label that matches the information in the Medication Agreement or the medication will not be administered.		
☐	I approve the release of this information to supervising staff and emergency personnel (if required).		
☐	I authorise the medication as instructed above to be administered in the education or care setting.		
☐	I certify the above statements are true and correct.		
Legal guardian/ or adult student/client _____			
First name (please print)		Family name (please print)	
Email address or signature:		Date:	

AGREEMENT: REGISTERED HEALTH PROFESSIONAL TO COMPLETE (must complete for Controlled Drugs (S8), oxygen, insulin or pain relief required to be administered regularly or for more than 72 hours)		
☐	I agree the medication instructions as written above are appropriate for administration in the education or care setting	
☐	I authorise delegation to the WCHN Access Assistant Program/RN Delegation of Care Program (if required)	
(print name & practice/hospital or stamp)	Date	
	Professional role	
	Email address or signature	
	Telephone	

HSP151

MEDICATION AGREEMENT

Health Support Planning



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