



Year 3 Camp

Woodhouse Activity Centre | Wednesday 21 – Friday 23 October 2026



February 2026

Dear Parents and Carers

Year 3 Camp Wednesday 21 – Friday 24 October 2024, Woodhouse Activity Centre

In week 2, term 4, your son will be taking part in the Year 3 Adelaide Hills program at Woodhouse Activity Centre. Boys will participate in a range of activities that cover many aspects of group development and teamwork skills. Boys will work together in small activity groups developing personal and social skills, outdoor concepts and having fun.

Woodhouse Activity Centre is in the stunning Piccadilly Valley, just 25 minutes from the Adelaide GPO. We will be staying in dorm style accommodation on 54 hectares of rolling and tree studded countryside with a natural watercourse that winds its way through the beautiful site.

This program has been designed with the aim of integrating the Year 3 program with the College's outdoor curriculum. Staff from the Scotts Creek Outdoor Centre Campus will facilitate all aspects of the program with assistance from classroom teachers. Skills learned whilst on program will support the boys as they journey through the outdoor education and personal development opportunities at Prince Alfred College.

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 camp

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

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

Camp Information

Dates and Times

Camp Dates: Wednesday 22 – Friday 24 October 2025.

Depart: Arrive at school by 8:40am for 8:55am departure from Dequetteville Terrace at 8.55am.

Return: Approximately 2:30pm 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 and advise diet requirements by Friday 18 September 2026.

Medical and Dietaries

- Log on to the PAC Parent Lounge and check that the **medical and dietary 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.

Accommodation

Dormitory style accommodation, our group will be staying in the Rymill Centre at 27 Spring Gully Road, Piccadilly SA 5151.

Food

Your son will need a **packed recess & lunch on day 1**. All other meals will be provided.

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 camp. Please do not send your son if he is unwell, displaying symptoms of Covid-19 OR is being tested for Covid-19.

Year 3 Intended Program - 2026

	Wednesday	Thursday	Friday
Morning activity	8:45am Depart PAC 9:15am Arrive Woodhouse Welcome and camp Introduction Group Name Game and Icebreaker	Activity Rotation Camerons Climb Stags Activity Centre Labyrinth	Adventure Walk
Morning tea	10:45am	10:30am	10:30am
Morning activity	Activity Rotation Photo Hunt Disc Golf Water Bugs	Activity Rotation Group Games	Adventure Walk
Lunch	12:30pm	12:30pm	12:30pm
Afternoon activity	Challenge Hill	Tube Slide	Final Camp Reflection
Afternoon Tea	3pm	3pm	2pm Depart Woodhouse 2:30pm Arrive PAC
Afternoon activity	Challenge Hill	Tube Slide	
	Free Time/Journals	Free Time/Journals & Showers	
Dinner	6pm	6pm	
Evening activity	Evening activity	Evening activity	

Packing List

Top Tips!

- Pack old clothes that can get dirty and wet!
- Write names on ALL clothing.
- Pack with your son so they know what is in their bag!

Quantity	Item	Notes
1	Small backpack	
1	Broad brimmed hat	
1	Water Bottle	500 – 1,000ml
2	Pairs of shoes	1 x old pair for aquatic activities (these will get wet) 1 x comfortable pair for around the campsite
2	Pairs of shorts	
3	T-shirts	
1	Track pants/ Long pair of pants	For warmth at night
1	Jumper	
1	Towel	Shower towel
3	Sets of underwear	
3	Pairs of socks	
1	Pyjamas	
1	Beanie	
1	Rain Jacket	Waterproof
1	Head Torch	Ensure has working batteries
1	Fitted single bed sheet	Optional for dorm mattress comfort
1	Sleeping bag	
1	Pillow	
1	Garbage / plastic bag	To put wet clothes in
1	Personal toiletries	Soap, toothbrush and toothpaste.
1	Insect Repellent	
1	Sunscreen + Lip balm	
	Personal medication	Prescribed medication only
	Food	- Day 1 Morning Tea - Day 1 Lunch

**Please ensure all items are labeled with student name*

Items we encourage you to bring...

- ✓ Musical Instrument
- ✓ Book to read at night or in free time
- ✓ Notepad and pen
- ✓ Small card games

Items to leave at home...

- ✗ Mobile phones and any electronic equipment
- ✗ Smart Watches
- ✗ Over the Counter medication unless accompanied by a medication agreement
- ✗ Junk food (chips, soft drink, lollies etc)
- ✗ No money is required during the program



Government
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) <i>To be administered within ½ hour of specified time(s):</i>	
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 <i>Medication Agreement ceases to be valid as at this date. Not required for long term medication.</i>	
AUTHORISATION AND RELEASE			
<input type="checkbox"/>	The medication documented above is required to be administered during attendance at the education or care service.		
<input type="checkbox"/>	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).		
<input type="checkbox"/>	Where the medication is a prescription medication; the medication has been prescribed for a current health condition.		
<input type="checkbox"/>	I confirm this medication has been administered to my child previously (a first dose cannot be administered in education or care).		
<input type="checkbox"/>	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.		
<input type="checkbox"/>	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.		
<input type="checkbox"/>	I approve the release of this information to supervising staff and emergency personnel (if required).		
<input type="checkbox"/>	I authorise the medication as instructed above to be administered in the education or care setting.		
<input type="checkbox"/>	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)		
<input type="checkbox"/>	I agree the medication instructions as written above are appropriate for administration in the education or care setting	
<input type="checkbox"/>	I authorise delegation to the WCHN Access Assistant Program/RN Delegation of Care Program (if required)	
Telephone	Date	
	Professional role	
	Email address or signature	

HSP151

MEDICATION AGREEMENT

Health Support Planning



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