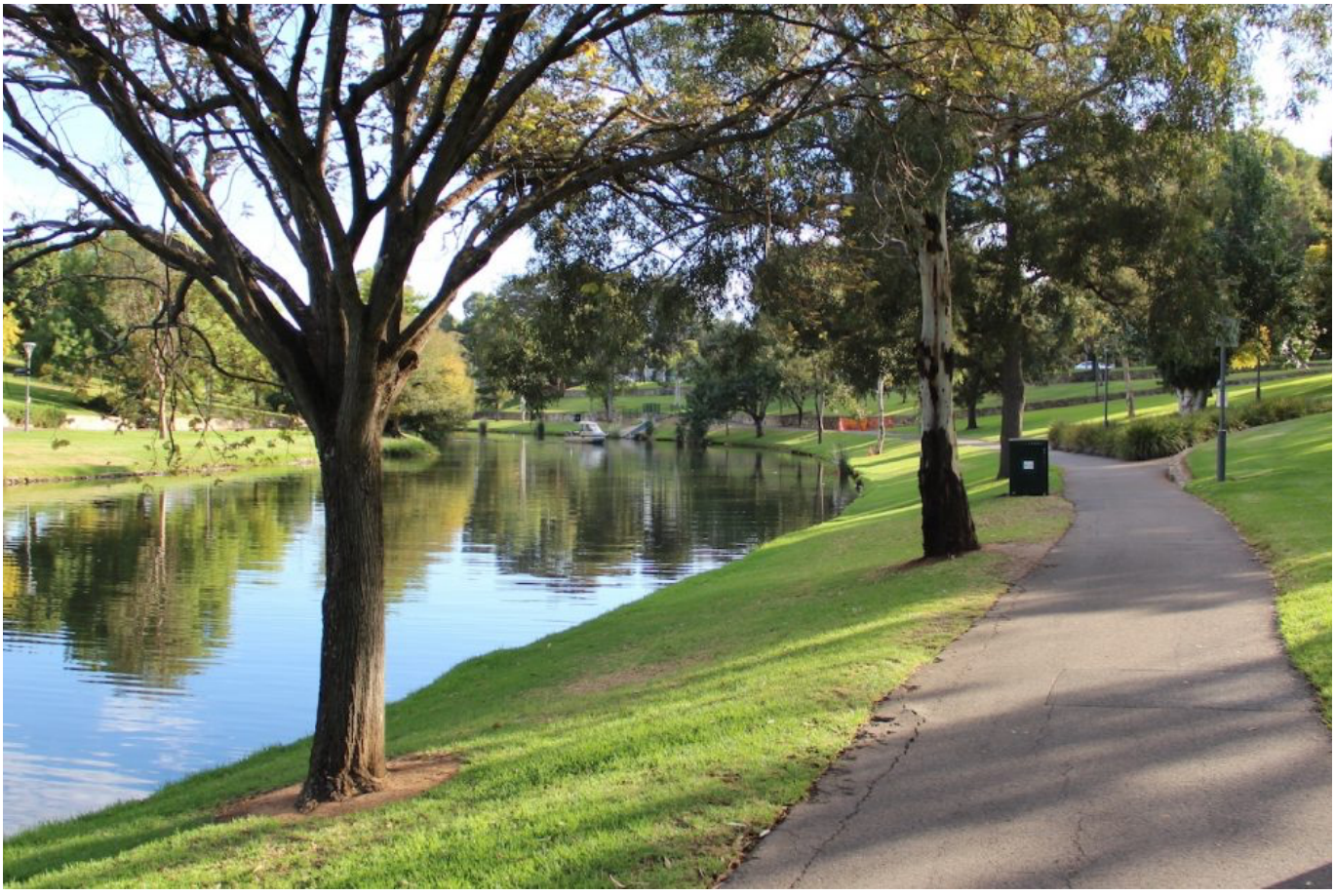
PRINCE ALFRED COLLEGE

Year 5 Outdoor Education Program

Leadership Challenge Walk | 2026



September 2026

Dear Parents and Carers

In Week 1 of Term 4, your son will be taking part in an Outdoor Education Excursion Day. The day will be a leadership themed challenge walk along the River Torrens Linear Park Trail.

The purpose of the day is to significantly mark a stage in the transition to the final year of Preparatory School. The boys will experience challenge whilst developing leadership and team skills.

Boys will walk as a class group using teamwork to support one another throughout the day. The day will be themed around Leadership and Challenge and will explore topics such as supporting teammates, responding to challenge through grit and determination, stepping towards leadership opportunities and humility when celebrating success.

Your son will be accompanied by his classroom teacher, other Prince Alfred College staff, and a student leader from the Senior School. The Scotts Creek Outdoor Centre team will facilitate the program.

Your son will be required to be ready for an 8:30am start on the day. Students will be bussed to the starting location and walk back to PAC in time for the end of school bell at 3:30pm.

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.

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: Thursday 15 October 2026

Depart: Arrive at school by 8:30am.

Return: Students will return to school by 3:30pm

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**

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 5 Program - 2025

	Program
AM	8:30am arrive PAC Kent Town 9am Students transported by bus to starting location.
	Split into class groups. Walk along River Torrens Linear Park Trail
	Morning Tea Leadership Activity
PM	Continue walk. Lunch Leadership Activity Continue walk. Arrive PAC Kent Town by 3:30pm

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
- ☐ Swimmers and Towel for optional celebration swim – conditions permitting

Items to leave at home…

- × Electronic equipment – iPod, iPad, iWatch, camera or other technology items
- × Junk food (chips, soft drink, lollies etc)
- × Mobile Phone
- × No money is required during the program

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

Government of South Australia

Medication Agreement

for education and care

CONFIDENTIAL

HSP151

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

The medication instructions must match EXACTLY the pharmacy label on the medication or medication will not be administered

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	
Telephone	Email address or signature	

MEDICATION AGREEMENT
Health Support Planning