



PRINCE
ALFRED
COLLEGE

Year 4 Outdoor Education Program

Victor Harbor | Wednesday 5 – Friday 7 March 2025



February 2025

Dear Parents and Carers

Your son will soon be taking part in the Year 4 Coastal Explorer Program at Victor Harbor and Pt Elliot. The purpose of the camp is to further progress the development of key personal skills such as independence, responsibility, community living and self-organisation. The beach environment and coastal activities are the major focus of the program and will provide lots of fun opportunities to practice teamwork, try new things and be immersed in the environment, indigenous history and local wildlife.

Class teachers will accompany the students and outdoor education staff from the Scotts Creek Campus will facilitate the program, while the body boarding, and beach safety sessions are run by Victor Harbor Aquatics.

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 5th – Friday 7th March 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 21st February 2025
- Complete and Victor Harbour Aquatics Consent Form (at the back of this booklet and return by email to dcibich@pac.edu.au by **Friday 21st February 2025**).

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

Dormitories at Coinda Retreats, 54 Waggon Rd, Victor Harbor SA 5211.

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.

Intended Program

Year 4 Camp 2025			
	Wednesday 5 th March	Thursday 6 th March	Friday 7 th March
AM	8:40am for 8:55am Departure	Transport to Beach	Transport to Urimbirra
Morning Tea	10:30am	10:30am	10:30am
AM	Arrive Victor Harbour A: Granite Island Walk B: Victor Harbour Visitors Centre	A: Beach Games B: Surf Education, body boarding and free swim	Urimbirra Wildlife Park
Lunch	Play at park. Students bring lunch from home	Premade from Coinda	Premade from Coinda
PM	A: Victor Harbour Visitors Centre B: Granite Island Walk	A: Surf Education, body boarding and free swim B: Beach Games	Depart Urimbirra for PAC Arrive at PAC approx. 2:30pm
Afternoon tea	Transport to Coinda	Transport to Coinda	
PM	Free time Journals	Free time & Journals Showers	
Dinner	6pm	6pm	
Evening activity	A: Movie night B: The bluff headland walk	A: The bluff headland walk B: Movie night	

Packing List – Gear & Equipment

Quantity	Item	Notes
1	Small backpack	
1	Broad brimmed hat	
1	Water Bottle	
1	Pairs of shoes	Sport shoes – must be closed toe.
1	Thongs or flip flops	
2	Pairs of shorts	
3	T-shirts	
1	Bathers and swimming clothes	Rash top or t-shirt for swimming + Board shorts
1	Long pair of pants	For warmth at night
1	Jumper	
2	Towels	1 x beach towel + 1 x shower towel.
3	Sets of underwear	
3	Pairs of socks	
1	Pyjamas	
1	Beanie	
1	Rain Jacket	
1	Torch	Ensure has working batteries
1	Fitted single bed sheet	
1	Sleeping bag	
1	Pillow	
2	Garbage bags	To put wet clothes in
1	Personal toiletries	Soap, toothbrush and toothpaste.
1	Insect Repellent	
1	Sunscreen + Lip balm	
	Food	- Day 1 Morning Tea - Day 1 Lunch

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

Optional Items

- Book
- Notepad + Pen
- Small card games

Items to leave at home...

- × Electronic equipment – iPad etc.
- × Junk food (chips, soft drink, lollies etc)
- × Mobile Phone
- × Smart Watches
- × No money is required during the program
- × Over The Counter medication unless accompanied by a medication agreement



Government
of South Australia

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





To be completed by the Parent/Carer for students participating in Water Safety activities. This form will be shown to School Staff and Water Safety Instructors and Emergency Services Personnel responsible for this student's safety in Water Safety activities including as part of a camp or excursion.

STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM

Section 1: Personal Details

Student Name _____ Date of Birth ____ / ____ / ____
Name of School _____ Medic Alert No.(if relevant) _____

Section 2: Health Support Information

Does your child have any health support or medication administration needs that should be considered for this activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have a health care need that could affect their safety in the water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If **NO** - please go to Section 3 - Water Safety and Swimming Skills
If **YES** - you must complete this section below:

A written Health Care Plan/Medication Agreement from your child's doctor/treating health professional is required. This may be a copy of the information which you have previously provided to the school or further information related specifically to the aquatic environment/activity.

Asthma	<input type="checkbox"/>	Seizures, Epilepsy	<input type="checkbox"/>	Incontinence	<input type="checkbox"/>
Allergy (e.g. bee sting)	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Medication taken at school	<input type="checkbox"/>
Joint condition	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Swallowing / choking	<input type="checkbox"/>
Vision impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Communication difficulties	<input type="checkbox"/>
Ear condition	<input type="checkbox"/>	Skin condition	<input type="checkbox"/>	Concussion (within 21 days)	<input type="checkbox"/>
Other (provide details)	<input type="checkbox"/>				

IMPORTANT: Have you attached Health Care Plan/Medication agreement from your child's doctor/treating health professional? Yes

If YES, please attach and ensure all relevant medication is provided.

NOTE - Failure to provide a Health Care Plan/Medication agreement will mean that in the event of a medical emergency your child will be treated with standard first aid management.

Section 3: Water Safety and Swimming Skills.

Please tick the description that best describes your child's water safety skills and swimming ability.

Beginner - my child has limited or no experience and is not confident or comfortable in the shallow water.

Average - my child is able to swim 25 metres but is not strong or confident in deep water.

Strong - my child is able to swim 50 to 100 metres and is strong and confident including in deep water.

NOTE: This will be used to assist in planning the activity and not affect their participation.

Section 4: Consent to take part in Water Safety activities:

- * Supervising staff/instructors will use the site's behaviour management processes needed to ensure the safety and wellbeing of all students.
- * If there is an accident or illness, supervising staff will provide first aid and call an ambulance if required. The school/preschool will inform me as soon as possible.
I will cover all medical expenses for my child, but I can ask the department to pay for ambulance costs if my child does not have private ambulance cover.
- * Where appropriate, I have provided updated health information for my child, including any extra support they need.
- * The information I have given is accurate. The information provided will be used solely for the purpose of ensuring my child's safety during the water activity and will be used in accordance with the Information Privacy Principles Instruction.

Parent/carers consent

I have read and agree with all the information and give my consent for my child to attend this activity	
Name of activity:	Student/child name:
Parent/Carer Name:	
Signature:	Date:
Who can we contact in case of an emergency for the duration of this activity:	
Name:	Relationship to the child/student:
Phone number/s:	

Standard Health Care Support for the most common health conditions:

Asthma

Any child currently prescribed asthma medication **must bring** their medication.

The Asthma Care Plan is required to be attached to this consent form.

Standard First Aid:

Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still no relief, call an ambulance.

No return to the water after two lots of reliever medication within any given session.

Seizures

Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch provided by the school.

Continuation in the Water Safety program that day will be assessed by a supervising teacher in consultation with the student's health care plan.

Diabetes

First aid as per individual Diabetes Care Plan.

Allergy

As per the Allergy Specialist Care Plan.

Drainage tubes in ears.

Ear wrap or fitted plugs to be worn throughout water activities, unless written medical advice is provided saying this is not necessary.

Incontinence

As per the Health Care Plan. Any accidents that result in contaminated water must be managed as per health regulations.

Cryptosporidium Infection

Cryptosporidiosis is caused by the parasite Cryptosporidium. It is highly infectious and can be transmitted by swallowing water contaminated by the parasite in public swimming pools. The main symptoms associated with this illness include watery diarrhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools until 14 days after the symptoms have stopped.

Choking

As per the Health Care Plan.

Infection

- * All open wounds must be covered, for the child's own protections, with a waterproof occlusive bandage.
- * Students with significant unhealed wound(s) will be advised not to enter the water until the wound has closed
- * Students with ringworm should not commence water activities until at least 24 hours after commencement of appropriate treatment (usually a topical anti-fungal cream)
- * Students with tinea should not go into pools or change rooms until at least 24 hours after commencing appropriate treatment
- * Wearing slip-on footwear while walking in the pool and change rooms may protect against transmission of some infections such as tinea.

Concussion

If medical treatment is required or a suspected concussion diagnosed, prior to the next participation in physical activity or sport, a medical clearance from a health care practitioner with reference to the relevant injury or condition must be provided with the Water Safety consent form to allow that student to participate. If a concussion is diagnosed, return to schoolwork should take priority over return to physical activity and sport. As recommended in the Australian Concussion Guidelines for Youth and Community Sport (concussionsport.gov.au) a minimum period of 21 days before resumption of physical activity and sport is recommended.

