



PRINCE
ALFRED
COLLEGE

Year 7 Outdoor Education Program

Scotts Creek Outdoor Centre | 2025



February 2025

Dear Parents and Carers

Your son will soon be taking part in the Year 7 Community Perspective program at Scotts Creek Outdoor Centre.

The purpose of the program is to support the transition into the Middle School, build relationships with boys new to PAC, develop teamwork, and expedition skills as well as an introduction to leadership. Boys will also take part in a service project at Scotts Creek or in the local Morgan community.

A tutor will accompany the students and outdoor education staff from the Scotts Creek Campus will facilitate the program.

To help your son prepare for this program, please read this Program Information 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 and develop confidence for their Year 8 Expedition next year.

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

WATSFORD and WATERHOUSE: Monday 24 – Friday 28 March

COTTON and TAYLOR: Monday 31 – Friday 4 March

Depart: MONDAY arrive at school by **8:40am for 8:55am** departure from CAPPER STREET

Return: FRIDAY approximately 3:00pm to PAC (CAPPER STREET)

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 2-weeks before your camp date.

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 tutor 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

Tents on expedition (2 nights) and dorms at Scotts Creek (2-night)

Food

Students will be required to bring **morning tea and lunch for day 1**. All other meals and snacks will be provided.

Fruit fly outbreaks in South Australia have forced PIRSA to place strict controls on bringing fresh fruit and vegetables into the Riverland. This means that **NO fresh fruit and vegetables** can be brought to camp at Scotts Creek. Something like cheese and bacon scroll from the bakery or a vegemite sandwich is a good option for day 1 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 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

Group 1					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Depart PAC 8:45am Arrive 11:30am Camp Introduction and Welcome	Paddle Journey	Paddle Journey Paddle pack down	Community Service Project	Base Activity
PM	Paddle Preparation Paddle skills session	Paddle Journey	High Ropes	Base Activity	Depart SCOC 12:30 pm
Accommodation	Tent	Tent	SCOC Dorms	SCOC Dorms	Arrive PAC 3pm

Group 2					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Depart PAC 8:45am Arrive 11:30am Camp Introduction and Welcome	Community Service Project	Base Activity	Paddle Journey	Paddle Journey and Pack Down
PM	High Ropes	BASE ACTIVITY	Paddle preparation Paddle skills	Paddle Journey	Depart Scotts Creek 12:30pm Arrive PAC 3:00pm
Accommodation	DORMS	DORMS	TENTS	TENTS	

Packing List - Gear and Equipment

Quantity	Item	Notes
1	Small backpack	
1	Broad brimmed hat	
1	Water Bottle	Must be 1L capacity minimum
2	Pairs of shoes	<ul style="list-style-type: none"> - An old pair for aquatics (these will get wet!) - A comfortable pair for around the Centre and at campsites
4	Sets of underwear	
4	Pairs of socks	
2	Pairs of shorts	
1	Long sleeve shirt	For sun protection for paddle
3	Long pair of pants	For sun protection for paddle, for warmth at night and for community service
3	T-shirts	
1	PAC sports polo	For community service
1	Bathers/board shorts	
2	Jumpers	Fleece is best.
1	Pair of thermals	Top and bottom. Polypro or wool
2	Towels	
1	Beanie	
1	Rain Jacket	This can be borrowed from Scotts Creek
1	Torch	Spare batteries
1	Sleeping bag	<ul style="list-style-type: none"> - Needs to be small and compact. - Bring extra blankets if you don't think yours is warm enough
1	Pillow	
1	Knife, fork + Spoon	
1	Bowl and Cup	
2	Tea Towel	
5	Garbage bags	
5	Large Zip lock bags	
1	Personal toiletries	Soap, toothbrush, toothpaste, deodorant (roll on preferable)
1	Insect Repellent	
1	Sunscreen + Lip balm	
1	Food	Morning tea + Lunch for day 1

Optional items	Items to leave at home
Notepad & pen, book, card games	Electronic equipment, phones and smart watches
Musical instrument	Junk food
Binoculars, fishing rod	Money



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) 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			
<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

