



PRINCE  
ALFRED  
COLLEGE

# Year 2 Outdoor Education Program

Adelaide Zoo Snooze | 2025



September 2025

Dear Parents and Carers

In Week 1 of Term 4 this year, your son will be taking part in the Zoo Snooze program at Adelaide Zoo.

Boys will explore the zoo, hear talks from keepers and enjoy an animal close-up with an overnight educator. They have a BBQ Dinner and a private guided walk around the zoo in the evening. In the morning they wake up to the sounds of native and exotic wildlife, followed by breakfast and a special tour before the zoo opens.

We understand that for some boys this might be their first night away from home. Your son will be accompanied by his classroom teacher, other Prince Alfred College staff and a Year 11 Leader. The Adelaide Zoo's Education team will facilitate the program with PAC staff responsible for pastoral care and supervision, including overnight.

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](mailto:dcibich@pac.edu.au)

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Daniel Cibich'.

Daniel Cibich  
**Director, Scotts Creek Outdoor Centre**

# Camp Information

## Dates and Times

### Camp Dates

- 2R - Wednesday 15<sup>th</sup> – Thursday 16<sup>th</sup> October 2025
- 2B – Thursday 16<sup>th</sup> – Friday 17<sup>th</sup> October 2025

**Depart:** Arrive at school by 8:45am for 9am departure from Dequetteville Terrace.

**Return:** Approximately 2:45pm 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 26<sup>th</sup> September 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](mailto: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

Students will be accommodated in a large classroom at Adelaide Zoo. Mattresses for sleeping will be provided by the Zoo.

## Food

Your son will need to pack the following meals for day 1 only:

- **Recess**
- **Lunch**
- **Afternoon snack**

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 2 Program - 2025

Year 2 Zoo Snooze 2025		
	Day 1	Day 2
<b>Morning</b>	<b>8:45am</b> Meet at school	Wake up and pack up
	<b>9am</b> Depart school	Breakfast
	Walk to Botanical Gardens	Morning walk with Zoo Educator
	Morning Tea	Farewell from Zoo Educator
	Games + Activities in the gardens	Meet the Keeper
<b>Afternoon</b>	Lunch in the gardens	Games + Activities in the Zoo grounds
	Arrive at Adelaide Zoo	Wild show Animal Experience – Meet the Keeper
	Nocturnal House Activity	Meet the Keeper
	Meet the Keeper	Bird flight show – Meet the Keeper
	Reptile House Activity	Lunch
	Visit “Nature’s Playground”	Visit “Nature’s Playground”
	Afternoon snack – students bring from home.	Final Camp reflection
<b>Evening</b>	Education Centre activity with Zoo Educator	Bus departs Adelaide Zoo
	BBQ Dinner	<b>2:45pm</b> arrive PAC Kent Town approx.
	Animal close up Explore the Zoo at night walk on a guided walk	
	Bedtime	

# Clothing, Gear and Equipment List

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## 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 and have a clean PE uniform to change into for the return to school. They will be able to stay in PE uniform for the rest of the school day.

## What to bring

Boys should bring two separate bags: one day bag with a drink and snacks etc; one overnight bag that they can store until required.

### Day pack

- ☐ Sunscreen & lip balm
- ☐ Broad brimmed school hat (with name written in it)
- ☐ Water bottle (500ml to 1litre)
- ☐ Waterproof jacket
- ☐ Personal medication- If required (Puffer, preventer etc.)
- ☐ Morning Tea + Lunch + Afternoon snack for Day 1

### Overnight bag

- ☐ A warm sleeping bag (bring extra blankets if you don't think yours is warm enough)
- ☐ Pillow and pillowcase
- ☐ Towel
- ☐ Single bed sheet (to cover the mattress provided)
- ☐ Pyjamas
- ☐ Underwear
- ☐ Clean PE Uniform for Day 2
- ☐ Jumper
- ☐ Track pants
- ☐ Beanie
- ☐ Personal toiletries (toothbrush/paste)
- ☐ Insect repellent (Tropical Strength Rid/Aero guard)
- ☐ A book to read

### Items to leave at home...

- ✗ Electronic equipment – iPod, iPad, iWatch, technology items
- ✗ Junk food (chips, soft drink, lollies etc)
- ✗ Mobile Phone
- ✗ 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:			
<b>MEDICATION INSTRUCTIONS</b>			
<i>The medication instructions must match EXACTLY the pharmacy label on the medication or medication will not be administered</i>			
Medication name		<b>TIME(S)</b> 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.	
<b>AUTHORISATION AND RELEASE</b>			
<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:	

<b>AGREEMENT: REGISTERED HEALTH PROFESSIONAL TO COMPLETE</b> (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)	
(print name & practice/hospital or stamp)	Date	
	Professional role	
	Email address or signature	
	Telephone	

HSP151

MEDICATION AGREEMENT

Health Support Planning



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