



**PRINCE
ALFRED
COLLEGE**

Year 6 Outdoor Education Program

Scotts Creek Outdoor Education Centre | 2025



March 2025

Dear Parents and Carers

Your son will soon be taking part in the Year 6 Eco-Adventure Program at Scotts Creek. A major focus of the program will be the aquatic based activities. Students will be immersed in the environment and develop knowledge of local ecology and landscapes. They will be exposed to adventure, exploration and creativity whilst developing skills in paddling and campcraft. The camp will provide opportunities for students to work together in small groups to develop teamwork and leadership skills through engaging outdoor activities.

Class teachers 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 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 as well as develop confidence for their Year 7 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

Year 6F: Tuesday 6 – Friday 9 May 2025

Year 6D: Tuesday 20 – Friday 23 May 2025

Year 6C: Tuesday 27 – Friday 30 May 2025

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

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 dietary requirements 2-weeks before the 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 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

During the camp the students will sleep in a tent and dorm style accommodation.

Food

All food on the camp will be provided. Please ensure your sons dietary information is updated through the camp consent on the parent lounge.

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 6 - 2025				
	Tuesday	Wednesday	Thursday	Friday
AM	Depart PAC 8:45am Arrive SCOC Introduction and Welcome	Crate stack Scavenger Hunt	Canoeing journey	Web of life
PM	Team initiatives Campout cooking	Paddle skills session	Canoeing journey	Camp reflection Depart SCOC
Evening activity	Campfire games	Bouldering	Games Night	Arrive PAC approx. 2:30pm
Sleeping	Mallee Camp (tents)	Dorms	Dorms	

Gear and Equipment List

Quantity	Item	Notes
1	Small backpack	
1	Broad brimmed hat	
1	Water Bottle	
2	Pairs of shoes	1 x old pair for aquatic activities (these will get wet) 1 x comfortable pair for around the campsite
3	Pairs of shorts	
3	T-shirts	
1	Bathers and swimming clothes	Rash top or t-shirt for swimming + Board shorts
2	Long pair of pants	For warmth at night
2	Jumper	
1	Towel	Shower towel
4	Sets of underwear	
4	Pairs of socks	
1	Pyjamas	
1	Beanie	
1	Rain Jacket	
1	Fork, spoon and knife	
1	Plate, Bowl + cup	
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	

**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

