



# Year 2 Outdoor Education Program

Nunyara Camp | 13 - 14 October 2026



June 2026

Dear Parents and Carers,

In Week 1 of Term 4 this year, your son will take part in the Nunyara Camp program with the Year 2 cohort.

This fun and gentle introduction to camp life includes their first night away from home and opportunities to engage with and learn about the natural environment, try new experiences and develop independence and confidence skills.

During the camp, boys will explore Belair National Park and Glenthorne National Park – Itymaitpinna Yarta in their class groups, engaging in a variety of nature-based activities. They will spend the night at Nunyara Camp (Belair) with on-site activities to foster the development of team skills and personal growth.

We understand that for some boys this may be their first night away from home. Your son will be supported by his classroom teacher, other Prince Alfred College staff, and Year 11 Leaders. The Scotts Creek Outdoor Team will facilitate the program and will be responsible for supervision and pastoral care, including overnight.

To help your son prepare for this program, please read this Program Booklet, which outlines key information to ensure a safe, enjoyable, and successful camp experience.

We look forward to delivering a fun and adventurous program that supports the boys in building friendships and developing confidence.

If you require any further information, please do not hesitate to contact me on 0436 636 565 or [dcibich@pac.edu.au](mailto:dcibich@pac.edu.au)

Yours sincerely,



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

# Camp Information

## Dates and Times

**Camp Date** Tuesday 13 – Wednesday 14 October 2026

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

**Return:** Approximately 2:45pm to PAC.

## Consent Forms and Next Steps

- You will receive excursion information and consent in your **Parent Lounge**.
- Access this via the "Home Page" (under Events and Payments). View 'Other Details' and accept T&Cs and advise diet requirements by Friday 18 September 2026.

## 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 non-prescription) must be accompanied by a completed, and signed HSP151 Medication Agreement (copy at the back of this booklet). Schedule 8 medications must have a HSP151 Medication Agreement signed by the prescribing doctor.

## Packing List

Refer to the following 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 or dorm style accommodation at Nunyara Camp. Mattresses for sleeping will be provided.

## Food

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

- **Recess**
- **Lunch**

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 Nunyara Camp Program 2026

	<b>Day 1 - Tuesday 13<sup>th</sup> October</b>	<b>Day 2 - Wednesday 14<sup>th</sup> October</b>
<b>Morning</b>	8:30am Arrive at School	Wake Up and Free time
	9am Depart PAC Kent Town	Breakfast
	Belair National Park	Move out of Dorms
	Adventure Bushwalk	Depart Nunyara
	Nature Activities	Arrive Glenthorne NP – Ityamaitpinna Yarta
	Morning Tea	Morning Tea
<b>Afternoon</b>	Lunch	Nature Activities
	Adventure Playground	Lunch
	Depart Belair NP	Free Play
	Afternoon Tea Nunyara Site Induction + Welcome	Final Group Reflection
	Move into Dorms Free Time	2:30pm Depart
<b>Evening</b>	Dinner	3pm Arrive PAC approx.
	Evening Activity	
	Story Time and Bed	

# 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.

## 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 for Day 1

### Overnight bag

- Sleeping bag
- 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/soap)
- Sunscreen + Insect repellent
- 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



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# 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> <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>	
<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)	
Telephone	Date	
	Professional role	
	Email address or signature	

HSP151

MEDICATION AGREEMENT

Health Support Planning

